

HOUSE HEALTH AND HUMAN SERVICES COMMITTEE SUBSTITUTE FOR
HOUSE BILL 38

57TH LEGISLATURE - STATE OF NEW MEXICO - SECOND SESSION, 2026

AN ACT

RELATING TO INSURANCE; AMENDING SECTIONS OF THE HEALTH CARE
PURCHASING ACT AND THE NEW MEXICO INSURANCE CODE TO REQUIRE
COVERAGE FOR COMPLEX REHABILITATION TECHNOLOGY DEVICES;
PROVIDING THAT DENIAL OF A COMPLEX REHABILITATION TECHNOLOGY
DEVICE WITH RESPECT TO A HEALTH BENEFITS PLAN IS AN UNFAIR AND
DECEPTIVE PRACTICE IN CERTAIN CIRCUMSTANCES.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

SECTION 1. Section 13-7-46 NMSA 1978 (being Laws 2023,
Chapter 196, Section 1) is amended to read:

"13-7-46. PROSTHETIC DEVICES--CUSTOM ORTHOTIC DEVICES--
COMPLEX REHABILITATION TECHNOLOGY DEVICES--MINIMUM COVERAGE.--

A. Group health coverage, including any form of
self-insurance, offered, issued or renewed under the Health
Care Purchasing Act shall provide coverage for ~~[prosthetics and~~
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underscored material = new
[bracketed material] = delete

1 ~~custom orthotics]~~ prosthetic devices, custom orthotic devices
 2 and complex rehabilitation technology devices that is at least
 3 equivalent to that coverage currently provided by the federal
 4 medicare program and no less favorable than the terms and
 5 conditions that the group health plan offers for medical and
 6 surgical benefits. Covered benefits shall be provided for more
 7 than one prosthetic device, custom orthotic device or complex
 8 rehabilitation technology device when medically necessary, but
 9 shall include no more than three prosthetic devices or custom
 10 orthotic devices per affected limb per covered person and no
 11 more than two complex rehabilitation technology devices per
 12 covered person during any three-year period. [B.] A group
 13 health plan shall cover:

14 (1) the most appropriate prosthetic [or]
 15 device, custom orthotic device or complex rehabilitation
 16 technology device determined to be medically necessary by the
 17 enrollee's treating physician and associated medical providers
 18 to restore or maintain the ability to complete activities of
 19 daily living or essential job-related activities [and that is
 20 ~~not solely for the comfort or convenience of the enrollee~~].
 21 This coverage shall include all services and supplies necessary
 22 for the effective use of a prosthetic [or] device, a custom
 23 orthotic device or a complex rehabilitation technology device,
 24 including:

25 [(1)] (a) formulation of its design,

1 fabrication, material and component selection, measurements,
2 fittings and static and dynamic alignments;

3 ~~[(2)]~~ (b) all materials and components
4 necessary to use it;

5 ~~[(3)]~~ (c) instructing the enrollee in
6 the use of it; and

7 ~~[(4)]~~ (d) the repair and replacement of
8 it;

9 (2) ~~[G. A group health plan shall cover]~~ a
10 prosthetic ~~[or]~~ device, a custom orthotic device or a complex
11 rehabilitation technology device determined by the enrollee's
12 provider to be the most appropriate model that meets the
13 medical needs of the enrollee for performing physical
14 activities, including running, biking and swimming, and to
15 maximize the enrollee's upper limb function. This coverage
16 shall include all services and supplies necessary for the
17 effective use of a prosthetic ~~[or]~~ device, a custom orthotic
18 device or a complex rehabilitation technology device,
19 including:

20 ~~[(1)]~~ (a) formulation of its design,
21 fabrication, material and component selection, measurements,
22 fittings and static and dynamic alignments;

23 ~~[(2)]~~ (b) all materials and components
24 necessary to use it;

25 ~~[(3)]~~ (c) instructing the enrollee in

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1 the use of it; and

2 ~~[(4)]~~ (d) the repair and replacement of
3 it; and

4 (3) a prosthetic device, custom orthotic
5 device or complex rehabilitation technology device determined
6 by the enrollee's prosthetic or orthotic care provider or
7 complex rehabilitation technology device accredited supplier to
8 be the most appropriate prosthetic device, custom orthotic
9 device or complex rehabilitation technology device that meets
10 the medical needs of the enrollee for purposes of showering or
11 bathing.

12 ~~[D-]~~ B. A group health plan's reimbursement rate
13 for prosthetic ~~[and]~~ devices, custom orthotic devices or
14 complex rehabilitation technology devices shall be at least
15 equivalent to that currently provided by the federal medicare
16 program and no more restrictive than other coverage under the
17 group health plan.

18 ~~[E-]~~ C. Prosthetic ~~[and]~~ device, custom orthotic
19 device or complex rehabilitation technology device coverage
20 shall be comparable to coverage for other medical and surgical
21 benefits under the group health plan, including restorative
22 internal devices such as internal prosthetic devices, and shall
23 not be subject to spending limits or lifetime restrictions.

24 ~~[F-]~~ D. Prosthetic ~~[and]~~ device, custom orthotic
25 device or complex rehabilitation technology device coverage

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1 shall not be subject to separate financial requirements that
 2 are applicable only with respect to that coverage. A group
 3 health plan may impose cost sharing on prosthetic ~~[or]~~ devices,
 4 custom orthotic devices or complex rehabilitation technology
 5 devices; provided that any cost-sharing requirements shall not
 6 be more restrictive than the cost-sharing requirements
 7 applicable to the plan's medical and surgical benefits,
 8 including those for internal devices.

9 ~~[G.]~~ E. A group health plan may limit the coverage
 10 for, or alter the cost-sharing requirements for, out-of-network
 11 coverage of prosthetic ~~[and]~~ devices, custom orthotic devices
 12 or complex rehabilitation technology devices; provided that the
 13 restrictions and cost-sharing requirements applicable to
 14 prosthetic ~~[or]~~ devices, custom orthotic devices or complex
 15 rehabilitation technology devices shall not be more restrictive
 16 than the restrictions and requirements applicable to the out-
 17 of-network coverage for a group health plan's medical and
 18 surgical coverage.

19 ~~[H.]~~ F. In the event that medically necessary
 20 covered ~~[orthotics and prosthetics]~~ prosthetic devices, custom
 21 orthotic devices or complex rehabilitation technology devices
 22 are not available from an in-network provider, the insurer
 23 shall provide processes to refer a member to an out-of-network
 24 provider and shall fully reimburse the out-of-network provider
 25 at a mutually agreed upon rate less member cost sharing

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1 determined on an in-network basis.

2 ~~[F.]~~ G. A group health plan shall not impose any
3 annual or lifetime dollar maximum on coverage for prosthetic
4 ~~[or]~~ devices, custom orthotic devices or complex rehabilitation
5 technology devices other than an annual or lifetime dollar
6 maximum that applies in the aggregate to all terms and services
7 covered under the group health plan.

8 ~~[J.]~~ H. If coverage is provided through a managed
9 care plan, an enrollee shall have access to medically necessary
10 clinical care and to prosthetic ~~[and]~~ devices, custom orthotic
11 devices or complex rehabilitation technology devices
12 and technology from not less than two distinct prosthetic ~~[and]~~
13 device, custom orthotic device or complex rehabilitation
14 technology device providers in the managed care plan's provider
15 network located in the state.

16 ~~[K.]~~ I. Coverage for prosthetic ~~[and]~~ devices,
17 custom orthotic devices or complex rehabilitation technology
18 devices shall be considered habilitative or rehabilitative
19 benefits for purposes of any state or federal requirement for
20 coverage of essential health benefits, including habilitative
21 and rehabilitative benefits.

22 ~~[L.]~~ J. If coverage for prosthetic ~~[or]~~ devices,
23 custom orthotic devices or complex rehabilitation technology
24 devices is provided, payment shall be made for the replacement
25 of a prosthetic ~~[or]~~ device, a custom orthotic device or a

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1 complex rehabilitation technology device or for the replacement
 2 of any part of such devices, without regard to continuous use
 3 or useful lifetime restrictions, if an ordering health care
 4 provider determines that the provision of a replacement device,
 5 or a replacement part of such a device, is necessary because of
 6 any of the following:

7 (1) a change in the physiological condition of
 8 the patient;

9 (2) an irreparable change in the condition of
 10 the device or in a part of the device; or

11 (3) the condition of the device or the part of
 12 the device requires repairs, and the cost of such repairs would
 13 be more than sixty percent of the cost of a replacement device
 14 or of the part being replaced.

15 K. Coverage for complex rehabilitation technology
 16 devices shall be based on an enrollee's specific medical,
 17 physical, functional and environmental needs and capacities to
 18 engage in normal life activities and shall allow an enrollee to
 19 obtain more than one complex rehabilitation technology device,
 20 but no more than two complex rehabilitation technology devices
 21 per covered person during any three-year period. A group
 22 health plan shall cover complex rehabilitation technology
 23 devices:

24 (1) for daily use that meets the enrollee's
 25 mobility and positioning needs; or

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1 (2) to enable the enrollee to participate in
2 physical activities necessary to achieve or maintain health and
3 support functional independence.

4 L. A complex rehabilitation technology device that
5 is a manual or power wheelchair shall only be covered pursuant
6 to this section if the:

7 (1) enrollee has undergone a complex
8 rehabilitation technology device evaluation conducted by a
9 licensed physical therapist or occupational therapist who has
10 no financial relationship with the supplier of the complex
11 rehabilitation technology device; and

12 (2) complex rehabilitation technology device
13 is provided by a complex rehabilitation technology device
14 supplier that:

15 (a) employs at least one assistive
16 technology professional certified by the rehabilitation
17 engineering and assistive technology society of North America
18 who specialized in seating, positioning and mobility and has
19 direct, in-person involvement in the wheelchair selection for
20 the enrollee; and

21 (b) makes at least one qualified complex
22 rehabilitation technology device service technician available
23 in each service area served by the supplier to service and
24 repair devices that are furnished by the supplier.

25 M. Confirmation from a prescribing health care

1 provider may be required if the prosthetic ~~[or]~~ device, custom
 2 orthotic device or complex rehabilitation technology device or
 3 part being replaced is less than three years old.

4 N. A group health plan subject to the Health Care
 5 Purchasing Act shall not discriminate against individuals based
 6 on disability, including limb loss, absence or malformation.

7 O. For the purposes of this section, "complex
 8 rehabilitation technology device" means a subset of durable
 9 medical equipment that:

10 (1) consists of complex rehabilitation manual
 11 and power wheelchairs and mobility devices, including
 12 specialized seating and positioning items, options and
 13 accessories;

14 (2) is designed, manufactured, configured,
 15 adjusted or modified for a specific person to meet that
 16 person's unique medical, physical, functional and environmental
 17 needs and capacities;

18 (3) is generally not useful to a person in the
 19 absence of a disability, illness, injury or other medical
 20 condition; and

21 (4) requires specialized services to ensure
 22 appropriate use of the item, including:

23 (a) an evaluation of the features and
 24 functions necessary to assist the person who will use the
 25 device; or

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1 (b) configuring, fitting, programming,
2 adjusting or adapting the particular device for use by a
3 person."

4 SECTION 2. Section 59A-16-21.4 NMSA 1978 (being Laws
5 2023, Chapter 196, Section 2) is amended to read:

6 "59A-16-21.4. UNFAIR TRADE PRACTICES ON THE BASIS OF
7 DISABILITY PROHIBITED.--

8 A. Any of the following practices with respect to a
9 health benefits plan are defined as unfair and deceptive
10 practices and are prohibited:

11 (1) canceling or changing the premiums,
12 benefits or conditions of a health benefits plan on the basis
13 of an insured's actual or perceived disability;

14 (2) denying a prosthetic ~~[or]~~ device, a custom
15 orthotic device or a complex rehabilitation technology device
16 benefit for [an individual with limb loss or absence] a person
17 with limb loss, limb absence or mobility limitation that would
18 otherwise be covered for a non-disabled person seeking medical
19 or surgical intervention to restore or maintain the ability to
20 perform the same physical activity;

21 (3) failure to apply the most recent version
22 of treatment and fit criteria developed by the professional
23 association with the most relevant clinical specialty when
24 performing a utilization review for a request for coverage of
25 prosthetic ~~[or]~~ device, custom orthotic device or complex

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1 rehabilitation technology device benefits; and

2 (4) failure to apply medical necessity review
3 standards developed by the professional association with the
4 most relevant clinical specialty when conducting utilization
5 management review or processing appeals regarding benefit
6 denial.

7 B. For purposes of this section:

8 (1) "complex rehabilitation technology device"
9 means a subset of durable medical equipment that:

10 (a) consists of complex rehabilitation
11 manual and power wheelchairs and mobility devices, including
12 specialized seating and positioning items, options and
13 accessories;

14 (b) is designed, manufactured,
15 configured, adjusted or modified for a specific person to meet
16 that person's unique medical, physical, functional and
17 environmental needs and capacities;

18 (c) is generally not useful to a person
19 in the absence of a disability, illness, injury or other
20 medical condition; and

21 (d) requires specialized services to
22 ensure appropriate use of the item, including: 1) an
23 evaluation of the features and functions necessary to assist
24 the person who will use the device; or 2) configuring, fitting,
25 programming, adjusting or adapting the particular device for

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use by a person; and

(2) "health benefits plan" means a policy or agreement entered into, offered or issued by a health insurance carrier to provide, deliver, arrange for, pay for or reimburse the costs of health care services; provided that "health benefits plan" does not include the following:

- ~~[(1)]~~ (a) an accident-only policy;
- ~~[(2)]~~ (b) a credit-only policy;
- ~~[(3)]~~ (c) a long- or short-term care or disability income policy;
- ~~[(4)]~~ (d) a specified disease policy;
- ~~[(5)]~~ (e) coverage provided pursuant to Title 18 of the federal Social Security Act, as amended;
- ~~[(6)]~~ (f) coverage provided pursuant to Title 19 of the federal Social Security Act and the Public Assistance Act;
- ~~[(7)]~~ (g) a federal TRICARE policy, including a federal civilian health and medical program of the uniformed services supplement;
- ~~[(8)]~~ (h) a fixed or hospital indemnity policy;
- ~~[(9)]~~ (i) a dental-only policy;
- ~~[(10)]~~ (j) a vision-only policy;
- ~~[(11)]~~ (k) a workers' compensation policy;

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1 [~~(12)~~] (1) an automobile medical payment
2 policy; or

3 [~~(13)~~] (m) any other policy specified in
4 rules of the superintendent."

5 **SECTION 3.** Section 59A-22-62 NMSA 1978 (being Laws 2023,
6 Chapter 196, Section 3) is amended to read:

7 "59A-22-62. MEDICAL NECESSITY AND NONDISCRIMINATION
8 STANDARDS FOR COVERAGE OF [~~PROSTHETICS OR ORTHOTICS~~] PROSTHETIC
9 DEVICES, CUSTOM ORTHOTIC DEVICES OR COMPLEX REHABILITATION
10 TECHNOLOGY DEVICES.--

11 A. An individual health plan that is delivered,
12 issued for delivery or renewed in this state that offers
13 coverage for prosthetic [~~and~~] devices, custom orthotic devices
14 or complex rehabilitation technology devices shall consider
15 these benefits habilitative or rehabilitative benefits for
16 purposes of any state or federal requirement for coverage of
17 essential health benefits.

18 B. When performing a utilization review for a
19 request for coverage of prosthetic [~~or~~] device, custom orthotic
20 device or complex rehabilitation technology device benefits, an
21 insurer shall apply the most recent version of evidence-based
22 treatment and fit criteria as recognized by relevant clinical
23 specialists or their organizations. Such standards may be
24 named by the superintendent in rule.

25 C. An insurer shall render utilization review

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1 determinations in a nondiscriminatory manner and shall not deny
2 coverage for habilitative or rehabilitative benefits, including
3 ~~[prosthetics or orthotics]~~ prosthetic devices, custom orthotic
4 devices or complex rehabilitation technology devices, solely on
5 the basis of an insured's actual or perceived disability.

6 D. An insurer shall not deny a prosthetic ~~[or]~~
7 device, a custom orthotic device or a complex rehabilitation
8 technology device benefit for ~~[an individual with limb loss or~~
9 ~~absence]~~ a person with limb loss, limb absence or mobility
10 limitation that would otherwise be covered for a non-disabled
11 person seeking medical or surgical intervention to restore or
12 maintain the ability to perform the same physical activity.

13 E. ~~[A]~~ An individual health ~~[benefits]~~ plan that is
14 delivered, issued for delivery or renewed in this state that
15 offers coverage for ~~[prosthetics and]~~ prosthetic devices,
16 custom orthotic devices or complex rehabilitation technology
17 devices shall include language describing an insured's rights
18 pursuant to Subsections C and D of this section in its evidence
19 of coverage and any benefit denial letters.

20 F. Prosthetic ~~[and]~~ device, custom orthotic device
21 or complex rehabilitation technology device coverage shall not
22 be subject to separate financial requirements that are
23 applicable only with respect to that coverage. An individual
24 health plan may impose cost sharing on prosthetic ~~[or]~~ devices,
25 custom orthotic devices or complex rehabilitation technology

1 devices; provided that any cost-sharing requirements shall not
 2 be more restrictive than the cost-sharing requirements
 3 applicable to the plan's coverage for inpatient physician and
 4 surgical services.

5 G. [A] An individual health plan that provides
 6 coverage for [~~prosthetic or orthotic~~] services related to
 7 prosthetic devices, custom orthotic devices or complex
 8 rehabilitation technology devices shall ensure access to
 9 medically necessary clinical care and to prosthetic [~~and~~]
 10 devices, custom orthotic devices or complex rehabilitation
 11 technology devices and technology from not less than two
 12 distinct prosthetic [~~and~~] device, custom orthotic device or
 13 complex rehabilitation technology device providers in the
 14 [~~managed care~~] plan's provider network located in the state.
 15 In the event that medically necessary covered [~~orthotics and~~
 16 ~~prosthetics~~] prosthetic devices, custom orthotic devices or
 17 complex rehabilitation technology devices are not available
 18 from an in-network provider, the insurer shall provide
 19 processes to refer [~~a member~~] an insured to an out-of-network
 20 provider and shall fully reimburse the out-of-network provider
 21 at a mutually agreed upon rate less [~~member~~] insured cost
 22 sharing determined on an in-network basis.

23 H. If coverage for prosthetic [~~or~~] devices, custom
 24 orthotic devices or complex rehabilitation technology devices
 25 is provided, payment shall be made for the replacement of a

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1 prosthetic ~~[or]~~ device, a custom orthotic device or a complex
 2 rehabilitation technology device or for the replacement of any
 3 part of such devices, without regard to continuous use or
 4 useful lifetime restrictions, if an ordering health care
 5 provider determines that the provision of a replacement device,
 6 or a replacement part of such a device, is necessary because of
 7 any of the following:

8 (1) a change in the physiological condition of
 9 the patient;

10 (2) an irreparable change in the condition of
 11 the device or in a part of the device; or

12 (3) the condition of the device or the part of
 13 the device requires repairs, and the cost of such repairs would
 14 be more than sixty percent of the cost of a replacement device
 15 or of the part being replaced.

16 I. Covered benefits for prosthetic devices and
 17 custom orthotic devices shall provide for more than one
 18 prosthetic device or custom orthotic device when medically
 19 necessary, but shall include no more than three prosthetic
 20 devices or custom orthotic devices per affected limb per
 21 covered person during any three-year period. An individual
 22 health plan shall cover:

23 (1) the most appropriate prosthetic device or
 24 custom orthotic device determined to be medically necessary by
 25 the insured's treating physician and associated medical

providers to restore or maintain the ability to complete
activities of daily living or essential job-related activities.
This coverage shall include all services and supplies necessary
for the effective use of a prosthetic device or a custom
orthotic device, including:

(a) formulation of the device's design,
fabrication, material and component selection, measurements,
fittings and static and dynamic alignments;

(b) all materials and components
necessary to use the device;

(c) instructing the insured in the use
of the device; and

(d) the repair and replacement of the
device;

(2) a prosthetic device or a custom orthotic
device determined by the insured's provider to be the most
appropriate model that meets the medical needs of the insured
for performing physical activities, including running, biking
and swimming, and to maximize the insured's upper limb
function. This coverage shall include all services and
supplies necessary for the effective use of a prosthetic device
or a custom orthotic device, including:

(a) formulation of the device's design,
fabrication, material and component selection, measurements,
fittings and static and dynamic alignments;

1 (b) all materials and components
2 necessary to use the device;

3 (c) instructing the insured in the use
4 of the device; and

5 (d) the repair and replacement of the
6 device; and

7 (3) a prosthetic device or custom orthotic
8 device determined by the insured's prosthetic or orthotic care
9 provider to be the most appropriate prosthetic device or custom
10 orthotic device that meets the medical needs of the insured for
11 purposes of showering or bathing.

12 J. Coverage for complex rehabilitation technology
13 devices shall be based on an insured's specific medical,
14 physical, functional and environmental needs and capacities to
15 engage in normal life activities and shall allow an insured to
16 obtain more than one complex rehabilitation technology device,
17 but no more than two complex rehabilitation technology devices
18 per covered person during any three-year period. An individual
19 health plan shall cover complex rehabilitation technology
20 devices:

21 (1) for daily use that meets the insured's
22 mobility and positioning needs; or

23 (2) to enable the insured to participate in
24 physical activities necessary to achieve or maintain health and
25 support functional independence.

1 K. A complex rehabilitation technology device that
 2 is a manual or power wheelchair shall only be covered pursuant
 3 to this section if the:

4 (1) insured has undergone a complex
 5 rehabilitation technology device evaluation conducted by a
 6 licensed physical therapist or occupational therapist who has
 7 no financial relationship with the supplier of the complex
 8 rehabilitation technology device; and

9 (2) complex rehabilitation technology device
 10 is provided by a complex rehabilitation technology device
 11 supplier that:

12 (a) employs at least one assistive
 13 technology professional certified by the rehabilitation
 14 engineering and assistive technology society of North America
 15 who specialized in seating, positioning and mobility and has
 16 direct, in-person involvement in the wheelchair selection for
 17 the insured; and

18 (b) makes at least one qualified complex
 19 rehabilitation technology device service technician available
 20 in each service area served by the supplier to service and
 21 repair devices that are furnished by the supplier.

22 ~~[F.]~~ L. Confirmation from a prescribing health care
 23 provider may be required if the prosthetic ~~[or]~~ device, custom
 24 orthotic device or complex rehabilitation technology device or
 25 part being replaced is less than three years old.

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1 ~~[J-]~~ M. The provisions of this section do not apply
2 to excepted benefits plans subject to the Short-Term Health
3 Plan and Excepted Benefit Act.

4 N. For the purposes of this section, "complex
5 rehabilitation technology device" means a subset of durable
6 medical equipment that:

7 (1) consists of complex rehabilitation manual
8 and power wheelchairs and mobility devices, including
9 specialized seating and positioning items, options and
10 accessories;

11 (2) is designed, manufactured, configured,
12 adjusted or modified for a specific person to meet that
13 person's unique medical, physical, functional and environmental
14 needs and capacities;

15 (3) is generally not useful to a person in the
16 absence of a disability, illness, injury or other medical
17 condition; and

18 (4) requires specialized services to ensure
19 appropriate use of the item, including:

20 (a) an evaluation of the features and
21 functions necessary to assist the person who will use the
22 device; or

23 (b) configuring, fitting, programming,
24 adjusting or adapting the particular device for use by a
25 person."

SECTION 4. Section 59A-23-32 NMSA 1978 (being Laws 2023, Chapter 196, Section 4) is amended to read:

"59A-23-32. MEDICAL NECESSITY AND NONDISCRIMINATION STANDARDS FOR COVERAGE OF ~~[PROSTHETICS AND ORTHOTICS]~~ PROSTHETIC DEVICES, CUSTOM ORTHOTIC DEVICES OR COMPLEX REHABILITATION TECHNOLOGY DEVICES.--

A. A group health plan that is delivered, issued for delivery or renewed in this state that covers essential health benefits or covers prosthetic ~~[and]~~ devices, custom orthotic devices or complex rehabilitation technology devices shall consider these benefits habilitative or rehabilitative benefits for purposes of state or federal requirements on essential health benefits coverage.

B. When performing a utilization review for a request for coverage of prosthetic ~~[or]~~ device, custom orthotic device or complex rehabilitation technology device benefits, an insurer shall apply the most recent version of evidence-based treatment and fit criteria as recognized by relevant clinical specialists or their organizations. Such standards may be named by the superintendent in rule.

C. An insurer shall render utilization review determinations in a nondiscriminatory manner and shall not deny coverage for habilitative or rehabilitative benefits, including ~~[prosthetics or orthotics]~~ prosthetic devices, custom orthotic devices or complex rehabilitation technology devices, solely

1 based on an insured's actual or perceived disability.

2 D. An insurer shall not deny a prosthetic ~~[or]~~
3 device, a custom orthotic device or a complex rehabilitation
4 technology device benefit for ~~[an individual with limb loss or~~
5 ~~absence]~~ a person with limb loss, limb absence or mobility
6 limitation that would otherwise be covered for a non-disabled
7 person seeking medical or surgical intervention to restore or
8 maintain the ability to perform the same physical activity.

9 E. A group health ~~[benefits]~~ plan that is
10 delivered, issued for delivery or renewed in this state that
11 offers coverage for ~~[prosthetics and]~~ prosthetic devices,
12 custom orthotic devices or complex rehabilitation technology
13 devices shall include language describing an insured's rights
14 pursuant to Subsections C and D of this section in its evidence
15 of coverage and any benefit denial letters.

16 F. Prosthetic ~~[and]~~ device, custom orthotic device
17 or complex rehabilitation technology device coverage shall not
18 be subject to separate financial requirements that are
19 applicable only with respect to that coverage. A group health
20 plan may impose cost sharing on prosthetic ~~[or]~~ devices, custom
21 orthotic devices or complex rehabilitation technology devices;
22 provided that any cost-sharing requirements shall not be more
23 restrictive than the cost-sharing requirements applicable to
24 the plan's coverage for inpatient physician and surgical
25 services.

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1 G. A group health plan that provides coverage for
 2 ~~[prosthetic or orthotic]~~ services related to prosthetic
 3 devices, custom orthotic devices or complex rehabilitation
 4 technology devices shall ensure access to medically necessary
 5 clinical care and to prosthetic ~~[and]~~ devices, custom orthotic
 6 devices or complex rehabilitation technology devices and
 7 technology from not less than two distinct prosthetic ~~[and]~~
 8 device, custom orthotic device or complex rehabilitation
 9 technology device providers in the ~~[managed care]~~ plan's
 10 provider network located in the state. In the event that
 11 medically necessary covered ~~[orthotics and prosthetics]~~
 12 prosthetic devices, custom orthotic devices or complex
 13 rehabilitation technology devices are not available from an in-
 14 network provider, the insurer shall provide processes to refer
 15 ~~[a member]~~ an insured to an out-of-network provider and shall
 16 fully reimburse the out-of-network provider at a mutually
 17 agreed upon rate less ~~[member]~~ insured cost sharing determined
 18 on an in-network basis.

19 H. If coverage for prosthetic ~~[or]~~ devices, custom
 20 orthotic devices or complex rehabilitation technology devices
 21 is provided, payment shall be made for the replacement of a
 22 prosthetic ~~[or]~~ device, a custom orthotic device or a complex
 23 rehabilitation technology device or for the replacement of any
 24 part of such devices, without regard to continuous use or
 25 useful lifetime restrictions, if an ordering health care

1 provider determines that the provision of a replacement device,
2 or a replacement part of such a device, is necessary because of
3 any of the following:

4 (1) a change in the physiological condition of
5 the patient;

6 (2) an irreparable change in the condition of
7 the device or in a part of the device; or

8 (3) the condition of the device or the part of
9 the device requires repairs, and the cost of such repairs would
10 be more than sixty percent of the cost of a replacement device
11 or of the part being replaced.

12 I. Covered benefits for prosthetic devices and
13 custom orthotic devices shall provide for more than one
14 prosthetic device or custom orthotic device when medically
15 necessary, but shall include no more than three prosthetic
16 devices or custom orthotic devices per affected limb per
17 covered person during any three-year period. A group health
18 plan shall cover:

19 (1) the most appropriate prosthetic device or
20 custom orthotic device determined to be medically necessary by
21 the insured's treating physician and associated medical
22 providers to restore or maintain the ability to complete
23 activities of daily living or essential job-related activities.
24 This coverage shall include all services and supplies necessary
25 for the effective use of a prosthetic device or a custom

1 orthotic device, including:

2 (a) formulation of the device's design,
3 fabrication, material and component selection, measurements,
4 fittings and static and dynamic alignments;

5 (b) all materials and components
6 necessary to use the device;

7 (c) instructing the insured in the use
8 of the device; and

9 (d) the repair and replacement of the
10 device;

11 (2) a prosthetic device or a custom orthotic
12 device determined by the insured's provider to be the most
13 appropriate model that meets the medical needs of the insured
14 for performing physical activities, including running, biking
15 and swimming, and to maximize the insured's upper limb
16 function. This coverage shall include all services and
17 supplies necessary for the effective use of a prosthetic device
18 or a custom orthotic device, including:

19 (a) formulation of the device's design,
20 fabrication, material and component selection, measurements,
21 fittings and static and dynamic alignments;

22 (b) all materials and components
23 necessary to use the device;

24 (c) instructing the insured in the use
25 of the device; and

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1 (d) the repair and replacement of the
2 device; and

3 (3) a prosthetic device or custom orthotic
4 device determined by the insured's prosthetic or orthotic care
5 provider to be the most appropriate prosthetic device or custom
6 orthotic device that meets the medical needs of the insured for
7 purposes of showering or bathing.

8 J. Coverage for complex rehabilitation technology
9 devices shall be based on an insured's specific medical,
10 physical, functional and environmental needs and capacities to
11 engage in normal life activities and shall allow an insured to
12 obtain more than one complex rehabilitation technology device,
13 but no more than two complex rehabilitation technology devices
14 per covered person during any three-year period. A group
15 health plan shall cover complex rehabilitation technology
16 devices:

17 (1) for daily use that meets the insured's
18 mobility and positioning needs; or

19 (2) to enable the insured to participate in
20 physical activities necessary to achieve or maintain health and
21 support functional independence.

22 K. A complex rehabilitation technology device that
23 is a manual or power wheelchair shall only be covered pursuant
24 to this section if the:

25 (1) insured has undergone a complex

1 rehabilitation technology device evaluation conducted by a
 2 licensed physical therapist or occupational therapist who has
 3 no financial relationship with the supplier of the complex
 4 rehabilitation technology device; and

5 (2) complex rehabilitation technology device
 6 is provided by a complex rehabilitation technology device
 7 supplier that:

8 (a) employs at least one assistive
 9 technology professional certified by the rehabilitation
 10 engineering and assistive technology society of North America
 11 who specialized in seating, positioning and mobility and has
 12 direct, in-person involvement in the wheelchair selection for
 13 the insured; and

14 (b) makes at least one qualified complex
 15 rehabilitation technology device service technician available
 16 in each service area served by the supplier to service and
 17 repair devices that are furnished by the supplier.

18 ~~[F.]~~ L. Confirmation from a prescribing health care
 19 provider may be required if the prosthetic ~~[or]~~ device, custom
 20 orthotic device or complex rehabilitation technology device or
 21 part being replaced is less than three years old.

22 ~~[J.]~~ M. The provisions of this section do not apply
 23 to excepted benefits plans subject to the Short-Term Health
 24 Plan and Excepted Benefit Act.

25 N. For the purposes of this section, "complex

rehabilitation technology device" means a subset of durable medical equipment that:

(1) consists of complex rehabilitation manual and power wheelchairs and mobility devices, including specialized seating and positioning items, options and accessories;

(2) is designed, manufactured, configured, adjusted or modified for a specific person to meet that person's unique medical, physical, functional and environmental needs and capacities;

(3) is generally not useful to a person in the absence of a disability, illness, injury or other medical condition; and

(4) requires specialized services to ensure appropriate use of the item, including:

(a) an evaluation of the features and functions necessary to assist the person who will use the device; or

(b) configuring, fitting, programming, adjusting or adapting the particular device for use by a person."

SECTION 5. Section 59A-46-72 NMSA 1978 (being Laws 2023, Chapter 196, Section 5) is amended to read:

"59A-46-72. MEDICAL NECESSITY AND NONDISCRIMINATION STANDARDS FOR COVERAGE OF ~~[PROSTHETICS AND ORTHOTICS]~~

.233748.4

1 PROSTHETIC DEVICES, CUSTOM ORTHOTIC DEVICES OR COMPLEX
 2 REHABILITATION TECHNOLOGY DEVICES.--

3 A. An individual or group health maintenance
 4 organization contract that is delivered, issued for delivery or
 5 renewed in this state that covers essential health benefits and
 6 covers prosthetic ~~[and]~~ devices, custom orthotic devices or
 7 complex rehabilitation technology devices shall consider these
 8 benefits habilitative or rehabilitative benefits for purposes
 9 of state or federal requirements on essential health benefits
 10 coverage.

11 B. When performing a utilization review for a
 12 request for coverage of prosthetic ~~[or]~~ device, custom orthotic
 13 device or complex rehabilitation technology device benefits,
 14 ~~[an insurer]~~ a health maintenance organization shall apply the
 15 most recent version of evidence-based treatment and fit
 16 criteria as recognized by relevant clinical specialists or
 17 their organizations. Such standards may be named by the
 18 superintendent in rule.

19 C. ~~[An insurer]~~ A health maintenance organization
 20 shall render utilization review determinations in a
 21 nondiscriminatory manner and shall not deny coverage for
 22 habilitative or rehabilitative benefits, including ~~[prosthetics~~
 23 ~~or orthotics]~~ prosthetic devices, custom orthotic devices or
 24 complex rehabilitation technology devices, solely based on an
 25 ~~[insured's]~~ enrollee's actual or perceived disability.

.233748.4

1 D. ~~[An insurer]~~ A health maintenance organization
2 shall not deny a prosthetic ~~[or]~~ device, a custom orthotic
3 device a or complex rehabilitation technology device benefit
4 for ~~[an individual with limb loss or absence]~~ a person with
5 limb loss, limb absence or mobility limitation that would
6 otherwise be covered for a non-disabled person seeking medical
7 or surgical intervention to restore or maintain the ability to
8 perform the same physical activity.

9 E. ~~[A health benefits plan]~~ An individual or group
10 health maintenance organization contract that is delivered,
11 issued for delivery or renewed in this state that offers
12 coverage for ~~[prosthetics and]~~ prosthetic devices, custom
13 orthotic devices or complex rehabilitation technology devices
14 shall include language describing an ~~[insured's]~~ enrollee's
15 rights pursuant to Subsections C and D of this section in its
16 evidence of coverage and any benefit denial letters.

17 F. Prosthetic ~~[and]~~ device, custom orthotic device
18 or complex rehabilitation technology device coverage shall not
19 be subject to separate financial requirements that are
20 applicable only with respect to that coverage. An individual
21 or group health ~~[plan]~~ maintenance organization contract may
22 impose cost sharing on prosthetic ~~[or]~~ devices, custom orthotic
23 devices or complex rehabilitation technology devices; provided
24 that any cost-sharing requirements shall not be more
25 restrictive than the cost-sharing requirements applicable to

1 the plan's coverage for inpatient physician and surgical
2 services.

3 G. An individual or group health ~~[plan]~~ maintenance
4 organization contract that provides coverage for ~~[prosthetic or~~
5 ~~orthotic]~~ services related to prosthetic devices, custom
6 orthotic devices or complex rehabilitation technology devices
7 shall ensure access to medically necessary clinical care and to
8 prosthetic ~~[and]~~ devices, custom orthotic devices or complex
9 rehabilitation technology devices and technology from not less
10 than two distinct prosthetic ~~[and]~~ device, custom orthotic
11 device or complex rehabilitation technology device providers in
12 the managed care plan's provider network located in the state.
13 In the event that medically necessary covered ~~[orthotics and~~
14 ~~prosthetics]~~ prosthetic devices, custom orthotic devices or
15 complex rehabilitation technology devices are not available
16 from an in-network provider, the ~~[insurer]~~ health maintenance
17 organization shall provide processes to refer ~~[a member]~~ an
18 enrollee to an out-of-network provider and shall fully
19 reimburse the out-of-network provider at a mutually agreed upon
20 rate less ~~[member]~~ enrollee cost sharing determined on an in-
21 network basis.

22 H. If coverage for prosthetic ~~[or]~~ devices, custom
23 orthotic devices or complex rehabilitation technology devices
24 is provided, payment shall be made for the replacement of a
25 prosthetic ~~[or]~~ device, a custom orthotic device or a complex

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rehabilitation technology device or for the replacement of any part of such devices, without regard to continuous use or useful lifetime restrictions, if an ordering health care provider determines that the provision of a replacement device, or a replacement part of such a device, is necessary because of any of the following:

(1) a change in the physiological condition of the patient;

(2) an irreparable change in the condition of the device or in a part of the device; or

(3) the condition of the device or the part of the device requires repairs, and the cost of such repairs would be more than sixty percent of the cost of a replacement device or of the part being replaced.

I. Covered benefits for prosthetic devices and custom orthotic devices shall provide for more than one prosthetic device or custom orthotic device when medically necessary, but shall include no more than three prosthetic devices or custom orthotic devices per affected limb per covered person during any three-year period. An individual or group health maintenance organization contract shall cover:

(1) the most appropriate prosthetic device or custom orthotic device determined to be medically necessary by the enrollee's treating physician and associated medical providers to restore or maintain the ability to complete

1 activities of daily living or essential job-related activities.
 2 This coverage shall include all services and supplies necessary
 3 for the effective use of a prosthetic device or a custom
 4 orthotic device, including:

5 (a) formulation of the device's design,
 6 fabrication, material and component selection, measurements,
 7 fittings and static and dynamic alignments;

8 (b) all materials and components
 9 necessary to use the device;

10 (c) instructing the enrollee in the use
 11 of the device; and

12 (d) the repair and replacement of the
 13 device;

14 (2) a prosthetic device or a custom orthotic
 15 device determined by the enrollee's provider to be the most
 16 appropriate model that meets the medical needs of the enrollee
 17 for performing physical activities, including running, biking
 18 and swimming, and to maximize the enrollee's upper limb
 19 function. This coverage shall include all services and
 20 supplies necessary for the effective use of a prosthetic device
 21 or a custom orthotic device, including:

22 (a) formulation of the device's design,
 23 fabrication, material and component selection, measurements,
 24 fittings and static and dynamic alignments;

25 (b) all materials and components

necessary to use the device;

(c) instructing the enrollee in the use
of the device; and

(d) the repair and replacement of the
device; and

(3) a prosthetic device or custom orthotic
device determined by the enrollee's prosthetic or orthotic care
provider to be the most appropriate prosthetic device or custom
orthotic device that meets the medical needs of the enrollee
for purposes of showering or bathing.

J. Coverage for complex rehabilitation technology
devices shall be based on an enrollee's specific medical,
physical, functional and environmental needs and capacities to
engage in normal life activities and shall allow an enrollee to
obtain more than one complex rehabilitation technology device,
but no more than two complex rehabilitation technology devices
per covered person during any three-year period. An individual
or group health maintenance organization contract shall cover
complex rehabilitation technology devices:

(1) for daily use that meets the enrollee's
mobility and positioning needs; or

(2) to enable the enrollee to participate in
physical activities necessary to achieve or maintain health and
support functional independence.

K. A complex rehabilitation technology device that

1 is a manual or power wheelchair shall only be covered pursuant
 2 to this section if the:

3 (1) enrollee has undergone a complex
 4 rehabilitation technology device evaluation conducted by a
 5 licensed physical therapist or occupational therapist who has
 6 no financial relationship with the supplier of the complex
 7 rehabilitation technology device; and

8 (2) complex rehabilitation technology device
 9 is provided by a complex rehabilitation technology device
 10 supplier that:

11 (a) employs at least one assistive
 12 technology professional certified by the rehabilitation
 13 engineering and assistive technology society of North America
 14 who specialized in seating, positioning and mobility and has
 15 direct, in-person involvement in the wheelchair selection for
 16 the enrollee; and

17 (b) makes at least one qualified complex
 18 rehabilitation technology device service technician available
 19 in each service area served by the supplier to service and
 20 repair devices that are furnished by the supplier.

21 ~~[F.]~~ L. Confirmation from a prescribing health care
 22 provider may be required if the prosthetic ~~[or]~~ device, custom
 23 orthotic device or complex rehabilitation technology device or
 24 part being replaced is less than three years old.

25 ~~[J.]~~ M. The provisions of this section do not apply

.233748.4

1 to excepted benefits plans subject to the Short-Term Health
2 Plan and Excepted Benefit Act.

3 N. For the purposes of this section, "complex
4 rehabilitation technology device" means a subset of durable
5 medical equipment that:

6 (1) consists of complex rehabilitation manual
7 and power wheelchairs and mobility devices, including
8 specialized seating and positioning items, options and
9 accessories;

10 (2) is designed, manufactured, configured,
11 adjusted or modified for a specific person to meet that
12 person's unique medical, physical, functional and environmental
13 needs and capacities;

14 (3) is generally not useful to a person in the
15 absence of a disability, illness, injury or other medical
16 condition; and

17 (4) requires specialized services to ensure
18 appropriate use of the item, including:

19 (a) an evaluation of the features and
20 functions necessary to assist the person who will use the
21 device; or

22 (b) configuring, fitting, programming,
23 adjusting or adapting the particular device for use by a
24 person."

25 SECTION 6. Section 59A-47-66 NMSA 1978 (being Laws 2023,

.233748.4

Chapter 196, Section 6) is amended to read:

"59A-47-66. MEDICAL NECESSITY AND NONDISCRIMINATION
STANDARDS FOR COVERAGE OF ~~[PROSTHETICS AND ORTHOTICS]~~
PROSTHETIC DEVICES, CUSTOM ORTHOTIC DEVICES OR COMPLEX
REHABILITATION TECHNOLOGY DEVICES.--

A. An individual or group health care plan that is delivered, issued for delivery or renewed in this state that covers essential health benefits and covers prosthetic ~~[and]~~ devices, custom orthotic devices or complex rehabilitation technology devices shall consider these benefits habilitative or rehabilitative benefits for purposes of state or federal requirements on essential health benefits coverage.

B. When performing a utilization review for a request for coverage of prosthetic ~~[or]~~ device, custom orthotic device or complex rehabilitation technology device benefits, ~~[an insurer]~~ a health care plan shall apply the most recent version of evidence-based treatment and fit criteria as recognized by relevant clinical specialists or their organizations. Such standards may be named by the superintendent in rule.

C. ~~[An insurer]~~ A health care plan shall render utilization review determinations in a nondiscriminatory manner and shall not deny coverage for habilitative or rehabilitative benefits, including ~~[prosthetics or orthotics]~~ prosthetic devices, custom orthotic devices or complex rehabilitation

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1 technology devices, solely based on ~~[an insured's]~~ a
2 subscriber's actual or perceived disability.

3 D. ~~[An insurer]~~ A health care plan shall not deny a
4 prosthetic ~~[or]~~ device, a custom orthotic device or a complex
5 rehabilitation technology device benefit for ~~[an individual~~
6 ~~with limb loss, or absence]~~ a person with limb loss, limb
7 absence or mobility limitation that would otherwise be covered
8 for a non-disabled person seeking medical or surgical
9 intervention to restore or maintain the ability to perform the
10 same physical activity.

11 E. A health ~~[benefits]~~ care plan that is delivered,
12 issued for delivery or renewed in this state that offers
13 coverage for ~~[prosthetics and]~~ prosthetic devices, custom
14 orthotic devices or complex rehabilitation technology devices
15 shall include language describing an ~~[insured's]~~ a subscriber's
16 rights pursuant to Subsections C and D of this section in its
17 evidence of coverage and any benefit denial letters.

18 F. Prosthetic ~~[and]~~ device, custom orthotic device
19 or complex rehabilitation technology device coverage shall not
20 be subject to separate financial requirements that are
21 applicable only with respect to that coverage. An individual
22 or group health care plan may impose cost sharing on prosthetic
23 ~~[or]~~ devices, custom orthotic devices or complex rehabilitation
24 technology devices; provided that any cost-sharing requirements
25 shall not be more restrictive than the cost-sharing

1 requirements applicable to the plan's coverage for inpatient
2 physician and surgical services.

3 G. An individual or group health care plan that
4 provides coverage for [~~prosthetic or orthotic~~] services related
5 to prosthetic devices, custom orthotic devices or complex
6 rehabilitation technology devices shall ensure access to
7 medically necessary clinical care and to prosthetic [~~and~~]
8 devices, custom orthotic devices or complex rehabilitation
9 technology devices and technology from not less than two
10 distinct prosthetic [~~and~~] device, custom orthotic device or
11 complex rehabilitation technology device providers in the
12 [~~managed~~] health care plan's provider network located in the
13 state. In the event that medically necessary covered
14 [~~orthotics and prosthetics~~] prosthetic devices, custom orthotic
15 devices or complex rehabilitation technology devices are not
16 available from an in-network provider, the [~~insurer~~] health
17 care plan shall provide processes to refer a [~~member~~]
18 subscriber to an out-of-network provider and shall fully
19 reimburse the out-of-network provider at a mutually agreed upon
20 rate less [~~member~~] subscriber cost sharing determined on an in-
21 network basis.

22 H. If coverage for prosthetic [~~or~~] devices, custom
23 orthotic devices or complex rehabilitation technology devices
24 is provided, payment shall be made for the replacement of a
25 prosthetic [~~or~~] device, a custom orthotic device or a complex

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rehabilitation technology device or for the replacement of any part of such devices, without regard to continuous use or useful lifetime restrictions, if an ordering health care provider determines that the provision of a replacement device, or a replacement part of such a device, is necessary because of any of the following:

(1) a change in the physiological condition of the patient;

(2) an irreparable change in the condition of the device or in a part of the device; or

(3) the condition of the device or the part of the device requires repairs, and the cost of such repairs would be more than sixty percent of the cost of a replacement device or of the part being replaced.

I. Covered benefits for prosthetic devices and custom orthotic devices shall provide for more than one prosthetic device or custom orthotic device when medically necessary, but shall include no more than three prosthetic devices or custom orthotic devices per affected limb per covered person during any three-year period. A health care plan shall cover:

(1) the most appropriate prosthetic device or custom orthotic device determined to be medically necessary by the subscriber's treating physician and associated medical providers to restore or maintain the ability to complete

1 activities of daily living or essential job-related activities.
2 This coverage shall include all services and supplies necessary
3 for the effective use of a prosthetic device or a custom
4 orthotic device, including:

5 (a) formulation of the device's design,
6 fabrication, material and component selection, measurements,
7 fittings and static and dynamic alignments;

8 (b) all materials and components
9 necessary to use the device;

10 (c) instructing the subscriber in the
11 use of the device; and

12 (d) the repair and replacement of the
13 device;

14 (2) a prosthetic device or a custom orthotic
15 device determined by the subscriber's provider to be the most
16 appropriate model that meets the medical needs of the
17 subscriber for performing physical activities, including
18 running, biking and swimming, and to maximize the subscriber's
19 upper limb function. This coverage shall include all services
20 and supplies necessary for the effective use of a prosthetic
21 device or a custom orthotic device, including:

22 (a) formulation of the device's design,
23 fabrication, material and component selection, measurements,
24 fittings and static and dynamic alignments;

25 (b) all materials and components

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necessary to use the device;

(c) instructing the subscriber in the use of the device; and

(d) the repair and replacement of the device; and

(3) a prosthetic device or custom orthotic device determined by the subscriber's prosthetic or orthotic care provider to be the most appropriate prosthetic device or custom orthotic device that meets the medical needs of the subscriber for purposes of showering or bathing.

J. Coverage for complex rehabilitation technology devices shall be based on a subscriber's specific medical, physical, functional and environmental needs and capacities to engage in normal life activities and shall allow a subscriber to obtain more than one complex rehabilitation technology device, but no more than two complex rehabilitation technology devices per covered person during any three-year period. A health care plan shall cover complex rehabilitation technology devices:

(1) for daily use that meets the subscriber's mobility and positioning needs; or

(2) to enable the subscriber to participate in physical activities necessary to achieve or maintain health and support functional independence.

K. A complex rehabilitation technology device that

1 is a manual or power wheelchair shall only be covered pursuant
 2 to this section if the:

3 (1) subscriber has undergone a complex
 4 rehabilitation technology device evaluation conducted by a
 5 licensed physical therapist or occupational therapist who has
 6 no financial relationship with the supplier of the complex
 7 rehabilitation technology device; and

8 (2) complex rehabilitation technology device
 9 is provided by a complex rehabilitation technology device
 10 supplier that:

11 (a) employs at least one assistive
 12 technology professional certified by the rehabilitation
 13 engineering and assistive technology society of North America
 14 who specialized in seating, positioning and mobility and has
 15 direct, in-person involvement in the wheelchair selection for
 16 the subscriber; and

17 (b) makes at least one qualified complex
 18 rehabilitation technology device service technician available
 19 in each service area served by the supplier to service and
 20 repair devices that are furnished by the supplier.

21 ~~[F.]~~ L. Confirmation from a prescribing health care
 22 provider may be required if the prosthetic ~~[or]~~ device, custom
 23 orthotic device or complex rehabilitation technology device or
 24 part being replaced is less than three years old.

25 ~~[J.]~~ M. The provisions of this section do not apply

.233748.4

1 to excepted benefits plans subject to the Short-Term Health
2 Plan and Excepted Benefit Act.

3 N. For the purposes of this section, "complex
4 rehabilitation technology device" means a subset of durable
5 medical equipment that:

6 (1) consists of complex rehabilitation manual
7 and power wheelchairs and mobility devices, including
8 specialized seating and positioning items, options and
9 accessories;

10 (2) is designed, manufactured, configured,
11 adjusted or modified for a specific person to meet that
12 person's unique medical, physical, functional and environmental
13 needs and capacities;

14 (3) is generally not useful to a person in the
15 absence of a disability, illness, injury or other medical
16 condition; and

17 (4) requires specialized services to ensure
18 appropriate use of the item, including:

19 (a) an evaluation of the features and
20 functions necessary to assist the person who will use the
21 device; or

22 (b) configuring, fitting, programming,
23 adjusting or adapting the particular device for use by a
24 person."

25 SECTION 7. APPLICABILITY.--The provisions of this act

.233748.4

1 apply to policies, plans, contracts and certificates delivered
2 or issued for delivery or renewed, extended or amended in this
3 state on or after January 1, 2027.

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underscored material = new
[bracketed material] = delete

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