

HOUSE BILL No. 1428

DIGEST OF INTRODUCED BILL

Citations Affected: IC 12-15.

Synopsis: Reimbursement for prosthetic and orthotic devices. Provides that, after June 30, 2025, orthotic devices are provided under Medicaid. Requires the office of the secretary of family and social services to apply for any state plan amendment or waiver necessary to include prosthetic and orthotic devices under Medicaid. Specifies that a minor may receive a prosthetic or orthotic device for the recipient's medical needs. Requires reimbursement for the replacement of an orthotic device or a prosthetic device for a minor for certain reasons.

Effective: July 1, 2024.

Slager

January 16, 2024, read first time and referred to Committee on Public Health.



Second Regular Session of the 123rd General Assembly (2024)

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 2023 Regular Session of the General Assembly.

HOUSE BILL No. 1428

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

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

- 1 SECTION 1. IC 12-15-5-1, AS AMENDED BY P.L.180-2022(ss),
2 SECTION 15, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 JULY 1, 2024]: Sec. 1. (a) Except as provided in IC 12-15-2-12,
4 IC 12-15-6, and IC 12-15-21, the following services and supplies are
5 provided under Medicaid:
6 (1) Inpatient hospital services.
7 (2) Nursing facility services.
8 (3) Physician's services, including services provided under
9 IC 25-10-1 and IC 25-22.5-1.
10 (4) Outpatient hospital or clinic services.
11 (5) Home health care services.
12 (6) Private duty nursing services.
13 (7) Physical therapy and related services.
14 (8) Dental services.
15 (9) Prescribed laboratory and x-ray services.
16 (10) Prescribed drugs and pharmacist services.
17 (11) Eyeglasses. ~~and~~



- 1 **(12) Prosthetic devices and, after June 30, 2025, orthotic**
 2 **devices.**
 3 ~~(12)~~ **(13)** Optometric services.
 4 ~~(13)~~ **(14)** Diagnostic, screening, preventive, and rehabilitative
 5 services.
 6 ~~(14)~~ **(15)** Podiatric medicine services.
 7 ~~(15)~~ **(16)** Hospice services.
 8 ~~(16)~~ **(17)** Services or supplies recognized under Indiana law and
 9 specified under rules adopted by the office.
 10 ~~(17)~~ **(18)** Family planning services except the performance of
 11 abortions.
 12 ~~(18)~~ **(19)** Nonmedical nursing care given in accordance with the
 13 tenets and practices of a recognized church or religious
 14 denomination to an individual qualified for Medicaid who
 15 depends upon healing by prayer and spiritual means alone in
 16 accordance with the tenets and practices of the individual's church
 17 or religious denomination.
 18 ~~(19)~~ **(20)** Services provided to individuals described in
 19 IC 12-15-2-8.
 20 ~~(20)~~ **(21)** Services provided under IC 12-15-34 and IC 12-15-32.
 21 ~~(21)~~ **(22)** Case management services provided to individuals
 22 described in IC 12-15-2-13.
 23 ~~(22)~~ **(23)** Any other type of remedial care recognized under
 24 Indiana law and specified by the United States Secretary of Health
 25 and Human Services.
 26 ~~(23)~~ **(24)** Examinations required under IC 16-41-17-2(a)(10).
 27 ~~(24)~~ **(25)** Inpatient substance abuse detoxification services.
 28 ~~(25)~~ **(26)** Chronic pain management.
 29 ~~(26)~~ **(27)** Donated breast milk that meets requirements developed
 30 by the office of Medicaid policy and planning.
 31 (b) The office shall do the following:
 32 (1) Apply to the United States Department of Health and Human
 33 Services for any state plan amendment or waiver necessary to
 34 implement the services or supplies described in subsection
 35 ~~(a)(26): (a)(27).~~
 36 (2) Develop requirements for donated breast milk as described in
 37 subsection ~~(a)(26): (a)(27).~~
 38 (3) As soon as practicable, but not later than January 1, 2023, the
 39 office shall:
 40 (A) seek any necessary approval from the United States
 41 Department of Health and Human Services; and
 42 (B) adopt any written policies, procedures, or regulations



determined necessary;
to provide reimbursement for long-acting reversible
contraception. This subdivision expires June 30, 2023.

**(4) Not later than October 1, 2024, apply to the United States
Department of Health and Human Services for any state plan
amendment or waiver necessary to provide the supplies
described in subsection (a)(12).**

SECTION 2. IC 12-15-5-22 IS ADDED TO THE INDIANA CODE
AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
1, 2024]: **Sec. 22. (a) This section applies after June 30, 2025.**

**(b) As used in this section, "orthotic device" means a medically
necessary rigid or semi-rigid device used for the purpose of
supporting a weak or deformed body member or restricting or
eliminating motion in a diseased or injured part of the body.**

**(c) As used in this section, "prosthetic device" means an
artificial leg or arm, or any component part of the device.**

**(d) This section applies to an eligible provider that provides
orthotic devices or prosthetic devices, including repairs or
replacements, that are:**

(1) 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) determined by the Medicaid recipient's physician to be
medically necessary to restore or maintain the recipient's
ability to perform activities of daily living or essential job
related activities and may include the appropriate model
determined to meet the recipient's medical needs; and**

(3) not solely for comfort or convenience.

**However, if the Medicaid recipient is less than eighteen (18) years
of age, the eligible provider may specify an appropriate model that
meets the recipient's medical needs as well as maximizes the
recipient's ability to move and engage in recreational activities,
including biking, swimming, and maximizing upper limb function.**

**(e) If the Medicaid recipient is less than eighteen (18) years of
age and supporting documentation is provided by the recipient's
eligible provider, reimbursement under this section for
replacement of an orthotic device or a prosthetic device must be
allowed for any of the following reasons:**

**(1) The orthotic device or prosthetic device has been lost or
stolen.**



1 **(2) The orthotic device or prosthetic device has suffered**
 2 **irreparable damage.**

3 **(3) The orthotic device or prosthetic device has suffered**
 4 **irreparable wear and tear beyond repair.**

5 **(4) The Medicaid recipient had a change in condition**
 6 **necessitating a replacement, including:**

7 **(A) growth of the recipient;**

8 **(B) change in the recipient's anatomical presentation,**
 9 **including weight gain, weight loss, or change in anatomy;**

10 **(C) change in the recipient's condition; or**

11 **(D) change in the recipient's functional activity level.**

12 **Except as provided in this chapter for a Medicaid recipient who is**
 13 **less than eighteen (18) years of age, coverage is not required under**
 14 **this section for a prosthetic device that is designed exclusively for**
 15 **an athletic purpose.**

16 SECTION 3. IC 12-15-12-24 IS ADDED TO THE INDIANA
 17 CODE AS A NEW SECTION TO READ AS FOLLOWS
 18 [EFFECTIVE JULY 1, 2024]: **Sec. 24. (a) This section applies after**
 19 **June 30, 2025.**

20 **(b) As used in this section, "orthotic device" means a medically**
 21 **necessary rigid or semi-rigid device used for the purpose of**
 22 **supporting a weak or deformed body member or restricting or**
 23 **eliminating motion in a diseased or injured part of the body.**

24 **(c) As used in this section, "prosthetic device" means an**
 25 **artificial leg or arm, or any component part of the device.**

26 **(d) This section applies to a managed care provider that**
 27 **provides orthotic devices or prosthetic devices, including repairs**
 28 **or replacements, that are:**

29 **(1) provided or performed by a person that is:**

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

32 **(B) a qualified practitioner (as defined in 42 U.S.C.**
 33 **1395m(h)(1)(F)(iii));**

34 **(2) determined by the enrollee's physician to be medically**
 35 **necessary to restore or maintain the enrollee's ability to**
 36 **perform activities of daily living or essential job related**
 37 **activities and may include the appropriate model determined**
 38 **to meet the enrollee's medical needs; and**

39 **(3) not solely for comfort or convenience.**

40 **However, if the enrollee is less than eighteen (18) years of age, the**
 41 **managed care provider may specify an appropriate model that**
 42 **meets the enrollee's medical needs as well as maximizes the**



1 enrollee's ability to move and engage in recreational activities,
2 including biking, swimming, and maximizing upper limb function.

3 (e) If the enrollee is less than eighteen (18) years of age and
4 supporting documentation is provided by the enrollee's managed
5 care provider, reimbursement under this section for replacement
6 of an orthotic device or a prosthetic device must be allowed for any
7 of the following reasons:

8 (1) The orthotic device or prosthetic device has been lost or
9 stolen.

10 (2) The orthotic device or prosthetic device has suffered
11 irreparable damage.

12 (3) The orthotic device or prosthetic device has suffered
13 irreparable wear and tear beyond repair.

14 (4) The enrollee had a change in condition necessitating a
15 replacement, including:

16 (A) growth of the enrollee;

17 (B) change in the enrollee's anatomical presentation,
18 including weight gain, weight loss, or change in anatomy;

19 (C) change in the enrollee's condition; or

20 (D) change in the enrollee's functional activity level.

21 Except as provided in this chapter for an enrollee who is less than
22 eighteen (18) years of age, coverage is not required under this
23 section for a prosthetic device that is designed exclusively for an
24 athletic purpose.

