



March 17, 2023

ENGROSSED HOUSE BILL No. 1433

DIGEST OF HB 1433 (Updated March 15, 2023 9:49 am - DI 140)

Citations Affected: IC 12-15.

Synopsis: Reimbursement for prosthetic and orthotic devices. Provides that orthotic devices are provided under Medicaid. Requires the office of Medicaid policy and planning 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 and a device for recreational activities. Requires reimbursement for the replacement of an orthotic device or a prosthetic device for a minor for certain reasons.

Effective: July 1, 2023.

Slager, Olthoff, Fleming, Barrett

(SENATE SPONSORS — BUSCH, NIEMEYER, CHARBONNEAU, ROGERS,
YODER)

January 17, 2023, read first time and referred to Committee on Public Health.
February 14, 2023, amended, reported — Do Pass. Referred to Committee on Ways and Means pursuant to Rule 127.
February 20, 2023, amended, reported — Do Pass.
February 22, 2023, read second time, ordered engrossed. Engrossed.
February 23, 2023, read third time, passed. Yeas 91, nays 0.

SENATE ACTION

March 6, 2023, read first time and referred to Committee on Health and Provider Services.
March 16, 2023, reported favorably — Do Pass; reassigned to Committee on Appropriations.

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March 17, 2023

First Regular Session of the 123rd General Assembly (2023)

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 2022 Regular Session of the General Assembly.

ENGROSSED HOUSE BILL No. 1433

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, 2023]: 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~~

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



1 to provide reimbursement for long-acting reversible
2 contraception. This subdivision expires June 30, 2023.

3 **(4) Not later than October 1, 2023, apply to the United States**
4 **Department of Health and Human Services for any state plan**
5 **amendment or waiver necessary to implement the services**
6 **described in subsection (a)(12).**

7 SECTION 2. IC 12-15-5-22 IS ADDED TO THE INDIANA CODE
8 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
9 1, 2023]: **Sec. 22. (a) As used in this section, "orthotic device"**
10 **means a medically necessary rigid or semi-rigid device used for the**
11 **purpose of supporting a weak or deformed body member or**
12 **restricting or eliminating motion in a diseased or injured part of**
13 **the body.**

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

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

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

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

22 **(B) a qualified practitioner (as defined in 42 U.S.C.**
23 **1395m(h)(1)(F)(iii));**

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

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

30 **However, if the Medicaid recipient is less than eighteen (18) years**
31 **of age, the eligible provider may specify one (1) appropriate model**
32 **that meets the recipient's medical needs and a second model that**
33 **maximizes the recipient's ability to move and engage in**
34 **recreational activities, including biking, swimming, and**
35 **maximizing upper limb function.**

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

41 **(1) The orthotic device or prosthetic device has been lost or**
42 **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, 2023]: **Sec. 24. (a) As used in this section,**
 19 **"orthotic device" means a medically necessary rigid or semi-rigid**
 20 **device used for the purpose of supporting a weak or deformed**
 21 **body member or restricting or eliminating motion in a diseased or**
 22 **injured part of the body.**

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

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

- 28 **(1) provided or performed by a person that is:**
- 29 **(A) accredited as required under 42 U.S.C. 1395m(a)(20);**
- 30 **or**
- 31 **(B) a qualified practitioner (as defined in 42 U.S.C.**
- 32 **1395m(h)(1)(F)(iii));**
- 33 **(2) determined by the enrollee's physician to be medically**
- 34 **necessary to restore or maintain the enrollee's ability to**
- 35 **perform activities of daily living or essential job related**
- 36 **activities and may include the appropriate model determined**
- 37 **to meet the enrollee's medical needs; and**
- 38 **(3) not solely for comfort or convenience.**

39 **However, if the enrollee is less than eighteen (18) years of age, the**
 40 **managed care provider may specify one (1) appropriate model that**
 41 **meets the enrollee's medical needs and a second model that**
 42 **maximizes the enrollee's ability to move and engage in recreational**



1 activities, including biking, swimming, and maximizing upper limb
2 function.

3 (d) 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.



COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred House Bill 1433, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 3, line 27, delete "an" and insert "**one (1)**".

Page 3, line 28, delete "as well as" and insert "**and a second model that**".

Page 4, line 39, delete "an" and insert "**one (1)**".

Page 4, line 40, delete "as well as" and insert "**and a second model that**".

and when so amended that said bill do pass.

(Reference is to HB 1433 as introduced.)

BARRETT

Committee Vote: yeas 12, nays 0.

COMMITTEE REPORT

Mr. Speaker: Your Committee on Ways and Means, to which was referred House Bill 1433, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 2, line 34, strike "(a)(26)." and insert "**(a)(27)**".

Page 2, line 36, strike "(a)(26)." and insert "**(a)(27)**".

Page 3, between lines 2 and 3, begin a new line block indented and insert:

"(4) Not later than October 1, 2023, apply to the United States Department of Health and Human Services for any state plan amendment or waiver necessary to implement the services described in subsection (a)(12)."

Page 3, delete lines 32 through 35.

Page 3, line 36, delete "(e)" and insert "**(d)**".

Page 5, delete lines 3 through 7.

Page 5, line 8, delete "(e)" and insert "**(d)**".

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

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(Reference is to HB 1433 as printed February 14, 2023.)

THOMPSON

Committee Vote: yeas 18, nays 0.

COMMITTEE REPORT

Madam President: The Senate Committee on Health and Provider Services, to which was referred House Bill No. 1433, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill DO PASS and be reassigned to the Senate Committee on Appropriations.

(Reference is to HB 1433 as printed February 20, 2023.)

CHARBONNEAU, Chairperson

Committee Vote: Yeas 11, Nays 0

