
DIGEST

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HB 477 Original

2026 Regular Session

Hebert

Abstract: Mandates that health coverage plans provide comprehensive coverage for prosthetic and custom orthotic devices and associated services. This includes coverage for multiple devices, materials and components, instructional support, repairs and replacements when deemed medically necessary. Outlines protocols for medical necessity determinations, prior authorization processes, cost-sharing obligations, nondiscrimination provisions, network adequacy standards, relevant definitions, and reporting requirements. Excludes limited benefit health insurance policies or contracts. Establishes Medicaid coverage for prosthetic and custom orthotic devices and associated services.

Present law requires health coverage plans to provide coverage for prosthetic and orthotic devices. Defines "accredited facility", "health coverage plan", "prosthetic device", and "prosthetic services". Present law specifies that devices be deemed medically necessary and prescribed by a licensed physician. Present law authorizes health coverage plans to apply standard utilization review procedures and cost-sharing requirements to benefits. Provides that coverage for prosthetic and orthotic devices be subject to the same terms and conditions applicable to other medical and surgical benefits under the plan.

Proposed law repeals present law (R.S. 22:1049) and enacts proposed law (R.S. 22:1049.1) to require health coverage plans delivered, issued for delivery, renewed, or otherwise contracted for in La. on or after Jan. 1, 2027, to provide comprehensive coverage for prosthetic and custom orthotic devices and services. Proposed law mandates that coverage be at least equal to Medicare coverage and payment rates for devices and services. Proposed law ensures that multiple devices are covered when medically necessary.

Proposed law stipulates that eligibility for prosthetic and custom orthotic devices and services be based on medical necessity at the discretion of the treating physicians and practicing providers. Requires coverage for additional devices, materials, components, instructions, and the repair or replacement of devices when deemed medically necessary.

Proposed law mandates that health coverage plans incorporate a description outlining the rights of the insured in the evidence of coverage. Present law requires that insurers issue clear and reasonable written denials of coverage.

Proposed law establishes standards for medical necessity determinations and appeals. Requires that benefits be treated as rehabilitative and habilitative services for essential health benefits purposes.

Proposed law creates prior authorization procedures if applied in a nondiscriminatory manner. Prohibits denial of habilitative or rehabilitative benefits on the basis of disability. Authorizes cost-sharing but prohibits cost-sharing requirements that are more restrictive than those applied to other benefits.

Proposed law requires prosthetic and custom orthotic devices to be provided by an accredited facility and prescribed by a licensed physician. Prohibits insurers from implementing more restrictive standards for benefits compared to other benefits. Proposed law prevents the denial of benefits to individuals with limb loss or limb impairment when comparable benefits are accessible to non-disabled individuals.

Proposed law requires health coverage plans to ensure access to medically necessary clinical care and to maintain a network that includes at least two prosthetic and orthotic service providers. Requires referral to and reimbursement of out-of-network providers when medically necessary services are unavailable in-network.

Proposed law defines “accredited facility”, “advanced practice provider”, “health coverage plan”, “prosthetic device”, “prosthetic services”, “orthosis”, and “orthotic services”.

Proposed law requires carriers to report to the commissioner of insurance by Jan. 1, 2029, on claims experience for plan years 2027–2028. Requires the commissioner to aggregate and report this information to the House and Senate committees on insurance by July 1, 2029.

Proposed law provides that the provisions of proposed law do not apply to limited benefit health insurance policies or contracts.

Proposed law requires the Louisiana Medicaid program to provide coverage for prosthetic and custom orthotic devices and services when medically necessary, in accordance with Medicaid standards and clinical criteria.

Proposed law requires the secretary of the La. Dept. of Health to submit necessary state plan amendments, promulgate implementing rules, and take other actions needed to carry out the law.

Effective upon signature of governor or lapse of time for gubernatorial action.

(Adds R.S. 22:1049.1 and R.S. 40:1259.11; Repeals R.S. 22:1049)