Session of 2026

HOUSE BILL No. 2566

By Representative Stiens

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AN ACT concerning insurance; relating to health insurance coverage; enacting the every body can move act; mandating health insurance policies to provide coverage for prosthetic and orthotic devices.

Be it enacted by the Legislature of the State of Kansas:

Section 1. (a) This act shall be known and may be cited as the every body can move act.

(b) All individual and group health insurance policies providing coverage for hospital, medical or surgical expenses shall include coverage for prosthetic and orthotic devices that, at a minimum, equals the coverage and payment for prosthetic and orthotic devices required under 42 U.S.C. § 1395k, § 1395l and § 1395m and 42 C.F.R. § 414.20, § 414.210, § 414.228 and § 410.100.

(c) Coverage shall include a prosthetic or orthotic device that most adequately meets the medical needs of the enrollee to perform the following:

(1) Daily activities or job functions;

(2) physical activities, including, but not limited to, running, biking, swimming, strength training and maximizing the enrollee's upper or lower limb function; and

(3) showering or bathing.

(d) Coverage shall also include:

(1) All materials, components and supplies necessary for the use of such prosthetic or orthotic device;

(2) instruction for the enrollee on how to use such prosthetic or orthotic device;

(3) replacement of any part of a prosthetic or orthotic device provided under subsection (c), if an ordering healthcare provider determines that the replacement of such device or part of such device is necessary because:

(A) Of a change in the physiological conditions of the enrollee;

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

(C) the condition of the device or part of the device requires repairs and the cost of such repairs would be more than 60% of the cost of a replacement device or a replacement part for the device.

(e) Confirmation of medical necessity from a prescribing healthcare

provider may be required if the prosthetic or orthotic device or part of such device is less than three years old.

(f) As used in this section, "healthcare provider" means a practitioner or mid-level provider as such terms are defined in K.S.A. 65-1626, and amendments thereto.

Sec. 2. (a) An individual health plan that is delivered, issued for delivery or renewed in Kansas that offers coverage for prosthetic or orthotic devices shall consider such coverage benefits as rehabilitative and habilitative services for the purposes of any state or federal requirement for coverage of essential health benefits.

(b) If an enrollee has received a prosthetic or orthotic device under section 1(b), benefits shall require a treating healthcare provider to determine that the additional prosthetic or custom orthotic device is medically necessary to enable the enrollee to engage in physical activities, including, but not limited to, running, biking, swimming, strength training, showering bathing and maximization of the enrollee's lower or upper limb function.

(c) An insurer may render utilization review determinations but shall do so in a nondiscriminatory manner and shall not deny coverage of rehabilitative or habilitative services or devices solely on the basis of an enrollee's actual or perceived disability.

(d) An insurer shall not deny a prosthetic or orthotic benefit for an individual with limb loss or limb difference that would otherwise be covered for a nondisabled person seeking medical or surgical intervention to restore or maintain the ability to perform the same physical ability.

(e) A health benefit plan that is delivered, issued for delivery or renewed in Kansas that offers coverage for prosthetic and orthotic devices shall include language describing an enrollee's rights pursuant to subsections (c) and (d) in such health benefit plan's evidence of coverage and benefit denial letters.

(f) Prosthetic and orthotic device coverage shall not be subject to separate financial requirements that are applicable only with respect to that coverage. An individual health plan may impose cost sharing on prosthetic or orthotic devices, except for any cost-sharing requirements applicable to the plan's coverage for other medical and surgical devices.

(g) A health plan that provides coverage for prosthetic or orthotic devices shall ensure access to medically necessary clinical care and prosthetic and orthotic devices and technology from not fewer than two distinct prosthetic and orthotic providers in a managed care plan's provider network located in the state. In the event that medically necessary covered prosthetic and orthotic devices are not available from an in-network provider, the insurer shall fully reimburse the out-of-network provider at a mutually agreed upon rate less member cost sharing determined on an in-

network basis.

Sec. 3. The provisions of this act shall apply to all policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in Kansas on or after January 11, 2027. For the purposes of this act, all contracts are deemed to be renewed not later than the next annual anniversary of the contract date. All state laws in conflict with this legislation are hereby declared to be null and void.

Sec. 4. The provisions of K.S.A. 40-2248, 40-2249 and 40-2249a, and amendments thereto, shall not apply to this act.

Sec. 5. This act shall take effect and be in force from and after its publication in the statute book.