

SENATE BILL 406

J5, J1, J4

5lr1346
CF HB 383

By: **Senators Beidle, Gile, Hettleman, and Kramer**

Introduced and read first time: January 20, 2025

Assigned to: Finance

A BILL ENTITLED

1 AN ACT concerning

2 **Maryland Medical Assistance Program and Health Insurance – Coverage for**
3 **Orthoses**
4 **(So Every Body Can Move Act)**

5 FOR the purpose of requiring the Maryland Medical Assistance Program and certain
6 insurers, nonprofit health service plans, and health maintenance organizations to
7 provide certain coverage related to orthoses; establishing that certain insurers,
8 nonprofit health service plans, and health maintenance organizations must comply
9 with certain provider network requirements; and generally relating to coverage and
10 reimbursement for orthoses.

11 BY repealing and reenacting, without amendments,
12 Article – Health – General
13 Section 15–103(a)(1)
14 Annotated Code of Maryland
15 (2023 Replacement Volume and 2024 Supplement)

16 BY repealing and reenacting, with amendments,
17 Article – Health – General
18 Section 15–103(a)(2)(xxiii) and (xxiv)
19 Annotated Code of Maryland
20 (2023 Replacement Volume and 2024 Supplement)

21 BY adding to
22 Article – Health – General
23 Section 15–103(a)(2)(xxv)
24 Annotated Code of Maryland
25 (2023 Replacement Volume and 2024 Supplement)

26 BY repealing and reenacting, with amendments,
27 Article – Insurance

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



Section 15–820
Annotated Code of Maryland
(2017 Replacement Volume and 2024 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
That the Laws of Maryland read as follows:

Article – Health – General

15–103.

(a) (1) The Secretary shall administer the Maryland Medical Assistance
Program.

(2) The Program:

(xxiii) Beginning on July 1, 2025, shall provide, subject to the
limitations of the State budget, and as permitted by federal law, coverage for biomarker
testing in accordance with § 15–859 of the Insurance Article; [and]

(xxiv) Beginning on January 1, 2025, shall provide coverage for
prostheses in accordance with § 15–844 of the Insurance Article; AND

**(XXV) BEGINNING ON JANUARY 1, 2026, SHALL PROVIDE
COVERAGE FOR ORTHOSES IN ACCORDANCE WITH § 15–820 OF THE INSURANCE
ARTICLE.**

Article – Insurance

15–820.

(a) In this section, [“orthopedic brace” means a rigid or semi-rigid device that is
used to:

(1) support a weak or deformed body member; or

(2) restrict or eliminate motion in a diseased or injured part of the body]
**“ORTHOSIS” MEANS A CUSTOM DESIGNED, CUSTOM FABRICATED, CUSTOM MOLDED,
CUSTOM FITTED, OR MODIFIED DEVICE TO TREAT A NEUROMUSCULAR OR
MUSCULOSKELETAL DISORDER OR ACQUIRED CONDITION.**

(B) THIS SECTION APPLIES TO:

**(1) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT
PROVIDE HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS**

1 ON AN EXPENSE-INCURRED BASIS UNDER HEALTH INSURANCE POLICIES OR
2 CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE; AND

3 (2) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE
4 HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS UNDER
5 CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE.

6 [(b)] (C) [Each health insurance contract that is delivered or issued for delivery
7 in the State by a nonprofit health service plan and that provides hospital benefits] AN
8 ENTITY SUBJECT TO THIS SECTION shall provide [benefits for orthopedic braces] ONCE
9 ANNUALLY COVERAGE FOR:

10 (1) ORTHOSES;

11 (2) COMPONENTS OF ORTHOSES;

12 (3) REPAIRS TO ORTHOSES; AND

13 (4) SUBJECT TO SUBSECTION (D) OF THIS SECTION, REPLACEMENTS
14 OF ORTHOSES OR ORTHOSIS COMPONENTS.

15 (D) (1) AN ENTITY SUBJECT TO THIS SECTION SHALL PROVIDE
16 COVERAGE FOR REPLACEMENTS OF ORTHOSES WITHOUT REGARD TO CONTINUOUS
17 USE OR USEFUL LIFETIME RESTRICTIONS IF AN ORDERING HEALTH CARE PROVIDER
18 DETERMINES THAT THE PROVISION OF A REPLACEMENT ORTHOSIS OR A
19 REPLACEMENT COMPONENT OF THE ORTHOSIS IS NECESSARY:

20 (I) BECAUSE OF A CHANGE IN THE PHYSIOLOGICAL CONDITION
21 OF THE PATIENT; OR

22 (II) UNLESS NECESSITATED BY MISUSE, BECAUSE OF AN
23 IRREPARABLE CHANGE IN THE CONDITION OF THE ORTHOSIS OR A COMPONENT OF
24 THE ORTHOSIS.

25 (2) AN ENTITY SUBJECT TO THIS SECTION MAY REQUIRE AN
26 ORDERING HEALTH CARE PROVIDER TO CONFIRM THAT THE ORTHOSIS OR
27 COMPONENT OF THE ORTHOSIS BEING REPLACED MEETS THE REQUIREMENTS OF
28 PARAGRAPH (1) OF THIS SUBSECTION IF THE ORTHOSIS OR COMPONENT OF THE
29 ORTHOSIS IS LESS THAN 1 YEAR OLD.

30 (E) THE COVERED BENEFITS UNDER THIS SECTION MAY NOT BE SUBJECT
31 TO A HIGHER COPAYMENT OR COINSURANCE REQUIREMENT THAN THE COPAYMENT
32 OR COINSURANCE FOR OTHER SIMILAR MEDICAL AND SURGICAL BENEFITS
33 COVERED UNDER THE POLICY OR CONTRACT OF THE INSURED OR ENROLLEE.

(F) AN ENTITY SUBJECT TO THIS SECTION MAY NOT IMPOSE AN ANNUAL OR LIFETIME DOLLAR MAXIMUM ON COVERAGE REQUIRED UNDER THIS SECTION SEPARATE FROM ANY ANNUAL OR LIFETIME DOLLAR MAXIMUM THAT APPLIES IN THE AGGREGATE TO ALL COVERED BENEFITS UNDER THE POLICY OR CONTRACT OF THE INSURED OR ENROLLEE.

(G) (1) AN ENTITY SUBJECT TO THIS SECTION MAY NOT ESTABLISH REQUIREMENTS FOR MEDICAL NECESSITY OR APPROPRIATENESS FOR THE COVERAGE REQUIRED UNDER THIS SECTION THAT ARE MORE RESTRICTIVE THAN THE INDICATIONS AND LIMITATIONS OF COVERAGE AND MEDICAL NECESSITY ESTABLISHED UNDER THE MEDICARE COVERAGE DATABASE.

(2) THE COVERED BENEFITS UNDER THIS SECTION INCLUDE ORTHOSES DETERMINED BY A TREATING HEALTH CARE PROVIDER TO BE MEDICALLY NECESSARY FOR:

(I) COMPLETING ACTIVITIES OF DAILY LIVING;

(II) ESSENTIAL JOB-RELATED ACTIVITIES; OR

(III) PERFORMING PHYSICAL ACTIVITIES INCLUDING RUNNING, BIKING, SWIMMING, STRENGTH TRAINING, AND OTHER ACTIVITIES TO MAXIMIZE THE WHOLE-BODY HEALTH AND LOWER OR UPPER LIMB FUNCTION OF THE INSURED OR ENROLLEE.

(H) AN ENTITY SUBJECT TO THIS SECTION THAT USES A PROVIDER PANEL FOR A POLICY OR CONTRACT DESCRIBED IN SUBSECTION (B) OF THIS SECTION AND THE PROVISION OF COVERED BENEFITS UNDER THIS SECTION SHALL COMPLY WITH § 15-112(B)(3) OF THIS TITLE.

SECTION 2. AND BE IT FURTHER ENACTED, That it is the intent of the General Assembly that Section 1 of this Act may not be construed to require managed care organizations under the Maryland Medical Assistance Program to cover additional Healthcare Common Procedure Coding System (HCPCS) “L” codes for orthotic procedures and devices than are covered by managed care organizations as of December 31, 2025.

SECTION 3. AND BE IT FURTHER ENACTED, That:

(a) On or before June 30, 2031, each entity that is subject to § 15-820 of the Insurance Article, as enacted by Section 1 of this Act, and each managed care organization providing coverage under the Maryland Medical Assistance Program shall report to the Maryland Insurance Administration and the Maryland Department of Health, respectively, on its compliance with § 15-820 of the Insurance Article or § 15-103(a)(2)(xxv) of the

1 Health – General Article, as enacted by Section 1 of this Act and as applicable, for calendar
2 years 2026 through 2029.

3 (b) (1) The Maryland Insurance Administration and the Maryland
4 Department of Health shall jointly prescribe the form for the report required under
5 subsection (a) of this section.

6 (2) The form must include the number of claims and the total amount of
7 claims paid in the State for the coverage required by § 15–820 of the Insurance Article or §
8 15–103(a)(2)(xxv) of the Health – General Article, as enacted by Section 1 of this Act and
9 as applicable.

10 (c) (1) The Maryland Insurance Administration and the Maryland
11 Department of Health shall aggregate the data required under subsection (b) of this section
12 in a joint report by calendar year.

13 (2) On or before December 31, 2031, the Maryland Insurance
14 Administration and the Maryland Department of Health shall submit the joint report to
15 the Senate Finance Committee and the House Health and Government Operations
16 Committee, in accordance with § 2–1257 of the State Government Article.

17 SECTION 4. AND BE IT FURTHER ENACTED, That Section 1 of this Act shall
18 apply to all policies, contracts, and health benefit plans issued, delivered, or renewed in the
19 State on or after January 1, 2026.

20 SECTION 5. AND BE IT FURTHER ENACTED, That this Act shall take effect
21 January 1, 2026.