

## **TESTIMONY OF JOHN SINGER IN SUPPORT OF SB 276/HB 445**

### **Before the Maryland State Senate Finance Committee – February 4, 2026**

My name is John Singer and I am a resident of Baltimore County. I thank the Committee for permitting me to testify in support of SB 276/HB 445, which if adopted will amend Md. Insurance Code § 15-820 to require insurers to pay for replacement orthotics when they break, absent misuse. The bill would also require insurers to pay for replacement orthotics when a patient's physiological condition changes and a new orthotic is medically necessary.

I would like to thank my wife, Karen, for coming to support me today as well as Anne and Shawn Harmon, the parents of my wonderful daughter-in-law. Anne is a physical therapist and she introduced me to the orthotist who prescribed life-changing orthotics that I now use.

I am passionate about making it possible that all people who need orthotics can obtain them. My interest in orthotics began about 12 years ago when, following spine and foot surgeries, I was diagnosed with idiopathic bilateral denervation below my knees. This is a fancy way of saying that due to nerve loss without a specific cause, the calf, ankle and foot muscles in both of my legs no longer work. For the first eight years after my diagnosis, I was significantly disabled: I was a fall risk from foot drop; I could not comfortably or safely walk any distance; and I could not stand on my own without wobbling.

About four years ago I was prescribed and started using life-changing ankle-foot orthotics – AFOs – the AFOs that I have on today. I am wearing shorts on this cold February day so that you can see what they look like. With my AFOs, I lead a safe and normal life, which benefits not just me but also my family members since they do not have to be concerned about my safety. Following my testimony, I invite the committee to allow me to walk both with and without my AFOs so you can see just how much I benefit from wearing them.

I am fortunate that my insurance covered most of the cost of my initial AFOs, which otherwise would have cost me just over \$2,200 for the pair, though I still had an about \$200 copay. My AFOs permit me to remain active and enjoy the normal activities of daily life that many people probably take for granted. Since getting my current AFOs, I have been able--without assistance--to walk my son down the aisle at his wedding and can walk from my car to the pool to swim. When I am out, I no longer need to lean on my wife or a piece of furniture to be able to stand up without wobbling. And I can walk significant distances again and can continue to travel with my family and on my own.

While my AFOs are life-changing, they are not a perfect or inexpensive solution. On two separate occasions, after less than three years of use, both of my original AFOs snapped and broke during a most ordinary of activities, descending steps; not through any type of misuse. Having broken in such a mundane manner, I am fearful that my AFOs are even more likely to break as I engage in more strenuous physical activities that are part of my active lifestyle to maximize my whole-body health, like hiking, walking on a beach or doing weight training.

John Singer – Testimony in Support of SB276-HB445

When I contacted my orthotist to order replacement AFOs, I was told that my insurance coverage (Medicare, since over 65, and Federal BlueCross/Blue Shield, as a retired federal employee) only will pay for a replacement AFO that breaks during the course of the activities of daily living every five-years from the date of an orthotic's delivery, the time-period that my insurers set as the useful life for orthotics. My understanding, supported by my personal experience, is that rigid carbon fiber AFOs like the ones I use typically last no more than three years, so insurers setting a five-year useful life for orthotics is at odds with real world experience.

When my AFOs broke, and in the absence of any insurance coverage to pay for replacements, I faced a choice to: (1) pay for replacement AFOs out-of-pocket, over \$2,200 for the pair or \$1,100 each; or (2) wait until the seemingly arbitrary five-year useful life period set by my insurance for paying for new AFOs, including replacements, ran out (this would have been a two and three year wait for my broken AFOs). For me the choice was easy. I am fortunate that I could afford to pay out-of-pocket for replacement AFOs so my inconvenience was relatively minimal, just the time necessary to obtain the replacement AFOs. Even knowing the significant expense for replacing a broken AFO, I determined that for me the risk of an AFO breaking while living an active life far outweighs the cost of having to pay for a replacement AFO myself.

However, I know that my ability to pay for a replacement AFO out-of-pocket is not typical. For most people the cost a replacement orthotic in the absence of insurance coverage means that this choice would not be simple, whether the orthotic broke during the activities of daily or through engaging in an active lifestyle including whole-body health activities. Using the \$1,100 cost of my AFOs as an example, having to come up with the money necessary to purchase a replacement orthotic likely represents a financial hardship to the individual whose orthotic broke and their family. And if coming up with funds necessary to pay for a replacement orthotic is impossible, it is not really a choice at all. Absent the ability to pay for a replacement a person whose orthotic breaks has no option other than to go without a replacement orthotic and needlessly endanger themselves and diminish the quality of their life though no fault of their own.

It is critical that the legislature enact SB 276/HB 445 and require insurers to pay for replacement AFOs whenever they break, including breaking from engaging in physical activities that maximize whole-body health, absent misuse. This will change an unacceptable status quo and mean that no person in Maryland with insurance coverage will ever again be told that they are "out-of-luck" and must do without a medically necessary replacement orthotic unless they can pay for a replacement orthotic out-of-pocket. Additionally, no insured Maryland resident will ever again be told by their doctor, physical therapist or orthotist that a new orthotic, one that better serves a user's changed physiological condition, will not be paid for by the user's insurance. The bill justly and equitably requires that payment for a replacement orthotic, whether broken or because a newly developed and more effective orthotic now is available, should be based upon only one criteria: medical necessity.

Thank you for your consideration and support, and please vote in favor of SB 276/HB 445. I am happy to address any questions that members of the committee may have and reiterate my offer to demonstrate how I walk with and without my orthotics so you can see first-hand how much benefit they provide to me.

Respectfully submitted,

John Singer