

Senate Bill 276 Support MDAC 2026.pdf

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Position: FAV



MARYLAND DOWN SYNDROME
ADVOCACY COALITION

Senate Finance Committee

SB 276: Maryland Medical Assistance Program and Health Insurance Coverage for Orthoses (So Every Body Can Move Act)

February 4, 2026

Position: Support

The Maryland Down Syndrome Advocacy Coalition (MDAC) is a coalition of the five Down syndrome organizations in Maryland as well as individuals with Down syndrome and their family members who have come together to advocate for improved quality of life for all individuals with Down syndrome throughout the state of Maryland. MDAC works in coalition with other disability and advocacy organizations across the state and supports many legislative and policy efforts.

MDAC strongly supports SB 276, which would require Maryland Health Plans and the Maryland Medical Assistance Program to cover activity-specific orthoses, medically necessary devices that support alignment, improve function, and relieve symptoms of neuromuscular and musculoskeletal conditions, beginning January 1, 2027.

SB276 is aligned with one of MDAC's guiding principles: "People with Down syndrome need equitable, high-quality, and affordable physical and mental health care." Orthotic devices impact mobility, participation, and quality of life for people with Down syndrome. Individuals with Down syndrome commonly experience hypotonia (low muscle tone), ligament laxity, and foot deformities such as flat feet. These characteristics can impair gait, balance, endurance, and physical activity across the lifespan.

Research consistently supports the effectiveness of orthotic intervention for individuals with Down syndrome. [A study examining children with Down syndrome¹](#) and excessively pronated feet found that foot orthoses significantly reduced heel eversion and improved gait stability, supporting better lower extremity alignment and walking mechanics. [Additional research²](#) shows that orthotic devices, including foot orthoses and supramalleolar orthoses, improve gait parameters, dynamic balance, and postural stability in children with Down syndrome, allowing for more efficient movement and reduced fatigue. This need does not end in childhood. [A study examining adults with Down syndrome³](#) and flat feet demonstrated that the use of insoles improved knee stability and gait mechanics, reinforcing the need for continued orthotic support beyond childhood. And we all know the many benefits of maintaining an active lifestyle later in life.

¹ <https://pubmed.ncbi.nlm.nih.gov/11790903/%5D> - L Selby-Silverstein, et al., 2001

² <https://pmc.ncbi.nlm.nih.gov/articles/PMC6110224/> - Kanai, et al. 2018

³ <https://pubmed.ncbi.nlm.nih.gov/32384597/> - Endo, et al. 2020

Improved mobility and postural control are also associated with positive developmental outcomes. [Use of orthotic devices among children with Down Syndrome has shown](#)⁴ to positively influence cognitive-adaptive and language-social growth.

Despite their clear medical value, orthotics are often not covered or are inadequately covered by insurance. As a result, many families are forced to pay significant out-of-pocket costs, which can range from \$300 to \$1300 a pair or more, or go without devices that are essential for safe mobility, joint protection, and long-term musculoskeletal health while also taking part in physical activities. SB276 would remove these financial barriers and ensure equitable access to medically necessary orthotic care for Marylanders who rely on these devices to move, work, and participate fully in their communities.

For these reasons, MDAC strongly supports SB276 and encourages a favorable report.

Thank you for your time and consideration.

Submitted by,

Amanda Mummert, LPN, MNPM - Executive Director, DSAMD
On behalf of the Maryland Down Syndrome Advocacy Coalition (MDAC)
director@DSAMD.org / 410-321-5434

⁴ <https://pmc.ncbi.nlm.nih.gov/articles/PMC6110224/> - Kanai, et al. 2018

SB 276 Testimony - FAV - DRM.pdf

Uploaded by: Audrey Sellers

Position: FAV



Empowering People to Lead Systemic Change
The Protection and Advocacy System for the State of Maryland

1500 Union Ave., Suite 2000, Baltimore, MD 21211
Phone: 410-727-6352 | Fax: 410-727-6389
DisabilityRightsMD.org

**Finance Committee
Senate Bill 276
Maryland Medical Assistance Program and Health Insurance -
Coverage for Orthoses and Protheses (So Every Body Can Move Act)
February 4, 2026
Position: Support**

Disability Rights Maryland (DRM) is the federally-mandated Protection and Advocacy agency for the State of Maryland, charged with defending and advancing the rights of people with disabilities. DRM submits this testimony in support of Senate Bill 276 (So Every Body Can Move Act), which would require Maryland Medicaid and private health insurers to provide coverage for orthoses and protheses needed for daily living, essential job-related activities, and physical activity for whole body health. SB 276 expands access to orthoses and protheses, helping more Marylanders obtain medically necessary mobility devices.

Access to orthoses and protheses is essential for many Marylanders with disabilities to participate fully in daily life, including work, recreation, and exercise. However, current health insurance coverage rarely extends beyond what is deemed medically necessary, which is usually limited to basic activities of daily living. Marylanders who need custom orthoses or protheses for work or physical activities often must pay out of pocket to participate. These devices can be prohibitively expensive for middle- and lower-income individuals, making it difficult for people who need custom orthoses and protheses to fully engage in their personal, professional, and social environments.

SB 276 is necessary for true community integration for Marylanders with disabilities. Engaging in daily life, work, and physical activity should not be a luxury reserved for those who can afford orthoses and protheses. SB 276 will provide many Marylanders with disabilities the freedom to move, build strength and confidence, and connect with supportive communities—all of which are important for maintaining both mental and physical health.

We maintain the same support we expressed for last year's version of the bill, which unfortunately did not advance to the Governor's desk. This strengthened version of the bill, which includes protheses, deserves your unanimous support. Thank you for your consideration of this critical bill.

For these reasons, we respectfully request a favorable report on Senate Bill 276. Should you have further questions, please contact Audrey Sellers, Advocate at Disability Rights Maryland at AudreyS@DisabilityRightsMD.org or (443) 692-2507.

Maryland Catholic Conference_FAV_SB276.pdf

Uploaded by: Diane Arias

Position: FAV



MARYLAND
CATHOLIC
CONFERENCE

February 4, 2026

Senate Bill 276

**Maryland Medical Assistance Program and Health Insurance - Coverage for
Orthoses and Prostheses (So Every Body Can Move Act)
Senate Finance Committee**

Position: Favorable

The Maryland Catholic Conference (MCC) is the public policy representative of the three (arch)dioceses serving Maryland, which together encompass over one million Marylanders. Statewide, their parishes, schools, hospitals, and numerous charities combine to form our state's second largest social service provider network, behind only our state government.

Senate Bill 276 requires the Maryland Medical Assistance Program and certain insurers, nonprofit health service plans, and health maintenance organizations to provide certain coverage related to orthoses beginning January 1, 2027; clarifying that certain mandated benefits related to prostheses include all prostheses determined by a treating health care provider to be medically necessary for completing daily living activities, essential job-related activities, or performing certain other physical activities.

Orthotic devices are essential for individuals with disabilities or musculoskeletal conditions to maintain mobility, which is crucial for both physical and mental well-being. Mobility enables individuals to perform daily tasks, supports proper blood circulation and oxygen delivery to vital organs, and facilitates exercise, which boosts endorphins, reduces pain, and helps alleviate depression. Orthotics help restore mobility that would otherwise be painful or impossible, promoting health equity and allowing individuals to experience the normalcy enjoyed by those who do not require such aids.

By improving flexibility and reducing pain, orthotic devices enable users to engage in more physical activity, which can strengthen underused muscles and improve overall health. Research shows that lower limb orthoses are associated with significant benefits, such as increased stride length, faster walking speed, reduced energy expenditure, and improved balance.¹ These devices enhance mobility and reduce discomfort, leading to better health

¹<https://pmc.ncbi.nlm.nih.gov/articles/PMC10111250/#:~:text=Use%20of%20lower%20limb%20orthoses,sway%20while%20standing%20with%20feet>

outcomes and a higher quality of life. Given their importance, orthotic devices should be covered by service plans, especially for individuals who rely on them to live independently. Providing access to these devices not only protects the health of vulnerable individuals but also upholds their dignity by fostering inclusion and integration within their communities. Ensuring coverage of orthotic devices affirms the inherent value and dignity of every person, supporting their ability to lead full and meaningful lives.

For these reasons, the Maryland Catholic Conference asks for a favorable report on **SB 276**.

Thank you for your consideration.

2026 SB276 NAPNAP.pdf

Uploaded by: JD Murphy

Position: FAV



February 2, 2026

Maryland Senate
Finance Committee
3 East Miller Office Building
Annapolis, Maryland 21401

Dear Honorable Chair, Vice-Chair, and Members of the Committee:

On behalf of the pediatric nurse practitioners (PNPs) and fellow pediatric-focused advanced practice registered nurses (APRNs) of the National Association of Pediatric Nurse Practitioners (NAPNAP) Maryland Chesapeake Chapter, we are writing to express our **support of SB 276 Maryland Medical Assistance Program and Health Insurance - Coverage for Orthoses and Prostheses (So Every Body Can Move Act)**

This bill would require the Maryland Medical Assistance Program and certain insurers, including nonprofit health service plans, and health maintenance organizations to provide certain coverage related to orthoses and prostheses. By mandating coverage for orthoses, this legislation addresses a critical need for individuals, including children, who require these custom devices to manage and improve their mobility, independence, and quality of life. Ensuring insurance coverage for these devices will alleviate financial burdens on families and ensure that children receive the care they need without delay. In most cases, orthotic and prosthetic care utilized for physical activity is not considered “medically necessary” by most federal, state, and private health plans. Without health plan coverage, out-of-pocket costs, ranging from \$5,000 – \$30,000 per device, often prohibit people who live with amputation from getting access to this technology. As a result, physical activity accessible by specialized orthoses and prostheses is severely limited. Without insurance coverage, individuals with limb loss and limb difference often remain more sedentary, risk serious injury by exercising with improper devices, or hope to be one of the lucky few to receive a charitable gift or sponsorship. As healthcare providers, we have firsthand knowledge of the challenges faced by Maryland’s children, particularly those from underserved communities. SB276 addresses these challenges by ensuring equitable access to orthoses, which are essential for treating various disorders and conditions.

For these reasons, the Maryland Chesapeake Chapter of NAPNAP extends their support of SB 276 Maryland Medical Assistance Program and Health Insurance - Coverage for Orthoses and Prostheses (So Every Body Can Move Act) and requests a favorable report. The pediatric advanced practice nurses of your state are grateful to you for your attention to these crucial issues. The Maryland Chapter of NAPNAP membership includes over 200 primary and acute care pediatric nurse practitioners who are committed to improving the health and advocating for our state’s pediatric patients. If we can be of any further assistance, or if you have any questions, please do not hesitate to contact the Maryland Chapter legislative chair, Dr. JD Murphy, at mdchesnapnapleg@outlook.com.

Sincerely,

Dr. Jessica D. Murphy DNP, CPNP-AC, CPHON, CNE
Maryland Chapter Legislative Chair

Dr. Evgenia Ogorodova DNP, CPNP-PC
Chapter Legislative Co-Chair

Dr. Yvette Laboy DNP, CPNP-AC,
CCRN, CPN; Chapter President

Ms. Lindsay Ward MSN, CPNP-PC,
IBCLC; Immediate Past-President

Dr. Samantha Hoffman DNP, MS,
CPNP-PC; Chapter President-elect

LBH FAV Senate Bill 276-Maryland Medical Assistanc

Uploaded by: Jennifer Witten

Position: FAV



Date: February 4, 2026

To: Chair Beidle, Vice Chair Hayes and Senate Finance Committee Members

Position: Favorable

Reference: Senate Bill 276-Maryland Medical Assistance Program and Health Insurance – Coverage for Orthoses (So Every Body Can Move Act)

Dear Chair, Beidle, Vice Chair Hayes, and Members of the Committee,

On behalf of LifeBridge Health, I appreciate the opportunity to submit testimony in support of Senate Bill 276, the *So Every Body Can Move Act*. LifeBridge Health's Rehabilitation Institute at Sinai Hospital provides a comprehensive continuum of rehabilitative care for patients recovering from illness, injury, surgery, and complex neurological conditions. Our services include acute rehabilitation within Sinai Hospital as well as care at our CARF-accredited inpatient rehabilitation hospital. Patients receive individualized, interdisciplinary treatment that includes physical, occupational, and speech therapy, along with physician-led care and specialized clinical support.

Senate Bill 276 builds upon Maryland's existing coverage framework by ensuring access to medically necessary, personalized orthoses. These devices—custom-designed, fabricated, molded, fitted, or modified to treat neuromuscular or musculoskeletal conditions—are not off-the-shelf products. For our patients, appropriate orthotic devices are truly life-changing and essential to functional recovery, mobility, and long-term health. By expanding coverage to include orthoses, Maryland can help individuals safely return to physical activity, maintain independence, and reduce the risk of secondary conditions associated with immobility, including hypertension, diabetes, and vascular disease. These preventable complications contribute to higher long-term costs for insurers and public programs than the modest coverage expansion anticipated under this bill.

Many patients served by LifeBridge Health live with chronic conditions for which regular, safe movement is medically necessary to sustain health and prevent decline. Orthotists and physicians work collaboratively to determine the most appropriate orthotic solutions to preserve function, prevent further impairment, and support overall well-being. Current coverage limitations often restrict patients to a single orthosis designed for basic ambulation, excluding medically appropriate devices needed for vocational, therapeutic, or higher-level physical activities. Senate Bill 276 would allow eligible patients to access orthoses that support both their physical and psychological health, when clinically indicated.

Other states have recognized that restrictive coverage may conflict with federal antidiscrimination standards. For example, Colorado determined that limiting orthotic and prosthetic coverage undermined essential health benefits by preventing individuals with disabilities from engaging in physical and recreational activities necessary for health and independence. Maryland can adopt a similarly equitable and clinically sound approach. We recognize the fiscal constraints facing the State this year; however, we believe Senate Bill 276 will result in minimal premium impact while producing meaningful health benefits and potential long-term cost avoidance. For these reasons, LifeBridge Health respectfully urges a **favorable report on Senate Bill 276**.

Thank you for your consideration.

Sincerely, Jennifer Witten, M.B.A.

LifeBridge Health, jwitten2@lifebridgedhealth.org

505-688-3495

CARE BRAVELY

2401 W. Belvedere Ave., Baltimore, MD 21215-5216 • lifebridgehealth.org

John Singer - Testimony in Support of SB276 - HB44

Uploaded by: John Singer

Position: FAV

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

KMS Testimony.pdf

Uploaded by: Karen Singer

Position: FAV

TESTIMONY OF KAREN SINGER IN SUPPORT OF SB 276/HB 445

I am a resident of Baltimore County. I am submitting this testimony in support of SB 276/HB 445.

My husband, John Singer, now 67, will be testifying in-person on Wednesday, February 4 in the Senate Committee and I will be present as these Bills have ramifications which impact not just the person who needs orthotics, but their entire family, to ensure a healthy and safe lifestyle.

Until 2013 at age 55, John was an active walker, runner, skier, and cyclist until he lost the muscle control of his calves, ankles and feet in both legs – the technical term is “idiopathic bilateral denervation.” While the cause is unknown, the resulting devastating impacts are known all too well to our entire family and all those who love John.

As the diagnosis has progressed, John lost his balance – in his words, he would “wobble” and need to hold on to me or a stationary object to stand upright. When John first lost muscle control, he could still walk, albeit slowly. With the passage of time, he could barely walk any distance without having a fear of falling or a fear of tripping because his drop-foot caught onto something. He would contort other body parts to compensate for the areas that were not functioning properly, resulting in other forms of physical pain and aggravation. And, while the impacts were clearly visible physically, John was also experiencing mental distress and anguish due to his reduced physical capabilities and increased discomfort. While John has always worked hard to appreciate what he “can do” as compared to what he can no longer do, both the physical and mental toll were dramatic for him and the rest of our family.

Approximately four years ago, John started to use ankle-foot orthotics on both legs, referred to as AFOs. We are fortunate that the initial orthotics (which cost approximately \$2,200 per pair) are covered by insurance and, thus, we were only responsible for our co-pay.

John had two experiences in the last 18 months in which each of his orthotics broke for seemingly no reason while John was walking down steps. Thankfully, John was not hurt in any regard. John was using the orthotics for activities of daily living and was not at fault at all for either break. We quickly learned, however, that our insurance only covers replacement orthotics every five years from receipt of the last pair. Since the orthotics were two and three years old, respectively, at the time of the breaks, we had to pay \$1,100 out of pocket for each of the replacements, totaling \$2,200. We are fortunate that we could afford this expense.

If we had not able to pay for replacement orthotics, we realized how devastating it would have been for John (and, correspondingly, for our entire family). Not having orthotics until the next arbitrary insurance deadline might result in any combination of the following unfathomable and negative results:

- John would wobble and need support on a regular basis.
- John would lack balance that many of us take for granted.
- John's unsteadiness would make him a fall risk and it would not be safe for him to walk for any distance whatsoever.
- John's compensation for lack of balance would create other physical pain and aggravation.
- John's physical health would likely further deteriorate because he would have to live a more sedentary life.
- John would likely have to decline social invitations due to physical discomfort.
- John would likely experience devastating mental distress as a result of this physical decline and social isolation.

AND, all through no fault of his own. We are the lucky ones, but how about those that don't have the ability to pay for replacement orthotics?

The proposed bills, if enacted, would solve these negative outcomes as insurers would be required to cover replacement orthotics if they are damaged through no fault of the user.

I urge you pass to these Bills so that people who require orthotics can rest assured that they will be able to continue to live a normal life as possible, whenever their medically necessary orthotics need to be replaced without arbitrary deadlines set by insurance carriers. It only seems equitable to both those needing the orthotics and their loved ones who support them through these challenges.

SB 276 - LOS - UMMS-2.2.26.pdf

Uploaded by: Krishnaj Gourab

Position: FAV

Senate Bill 276 – Maryland Medical Assistance Program and Health Insurance - Coverage for Orthoses and Prostheses (So Every Body Can Move Act)

POSITION: Support

February 4, 2026

Senate Finance Committee

The University of Maryland Rehabilitation and Orthopaedic Institute (“UM ROI”) and University of Maryland Medical System (“UMMS”) respectfully submit this letter of support for Senate Bill 276 – Maryland Medical Assistance Program and Health Insurance – Coverage for Orthoses and Prostheses (So Every Body Can Move Act). Senate Bill 276 (“SB 276”) would expand the current coverage of orthoses to require a carrier to provide – once annually – coverage for orthoses, components of orthoses, and repairs to orthoses. The General Assembly considered a similar measure for prostheses in 2024 (SB 614), and the legislation passed unanimously in the Senate (45-0) and with a near unanimous vote in the House (135-1).

Background

UM ROI has been serving Baltimore and Maryland for over 130 years as a provider of orthopedic surgery and the largest inpatient rehabilitation hospital and provider of rehabilitation services in the State. The hospital joined the University of Maryland Medical System in 1986, and the relationship with UMMS allows UM ROI patients to access the continuity of care and extensive resources of a university teaching hospital. UM ROI is Joint Commission and Commission on Accreditation of Rehabilitation Facilities (CARF) accredited, with specialty accreditation in Brain Injury, Spinal Cord Rehabilitation, Stroke Rehabilitation, Amputee Rehabilitation, and Comprehensive Integrated Inpatient Rehabilitation Program.

UM ROI hosts 142 acute and chronic rehabilitation beds as well as outpatient rehabilitation services. Last year, the hospital admitted 1,883 patients and conducted nearly 19,000 outpatient physical therapy and occupational therapy visits. The majority of patients served are for rehabilitation related issues, from diagnosis such as stroke, spinal cord injury, traumatic brain injury, musculoskeletal disorders, and limb loss.

Many individuals receiving care from UM ROI, particularly those patients with certain musculoskeletal and neurological disorders have a lifetime need for orthosis. Moreover, the type of orthosis needed by the patient may change over time with the evolution of their condition and recovery, as well as the specific type of activity being performed. SB 276 addresses the issue of evolving care and patient needs by requiring coverage of orthoses, components of orthoses, and repairs to orthoses at least once *annually*. This policy change will help to increase activity levels, which in turn will improve both physical and psychological health.

Given the current challenges facing the State there may be questions around the fiscal impact of this legislation, particularly related to utilization by Medicaid enrollees. However, similar

legislation has been adopted in other jurisdictions, and the overall utilization rate for orthoses is extremely low (<5%). In addition, individuals with activity and mobility impairments, especially elderly individuals, are more likely to be readmitted to the hospital. Hospital readmissions are a significant driver of hospital-based care in Maryland and nationwide. Providing coverage of orthoses as contemplated in SB 276 will assist our ongoing efforts to reduce hospital readmissions and the overall growth of healthcare costs in the State.

For these reasons, the University of Maryland Medical System strongly supports SB 276, and respectfully requests a *favorable* report on the bill.

Respectfully submitted by:

Dr. Krishnaj Gourab, MD, MBA
Chief Medical Officer
University of Maryland Rehabilitation & Orthopaedic Institute
VP, Medical Director, Post-Acute Services
University of Maryland Medical System

For more information, please contact:

Will Tilburg
Vice President, Government and Regulatory Affairs
University of Maryland Medical System
William.Tilburg@umm.edu

About the University of Maryland Medical System

University of Maryland Medical System (UMMS) delivers comprehensive health care services throughout Maryland. UMMS physicians and patient care teams work hand-in-hand with University of Maryland School of Medicine specialists to provide primary, urgent, emergency and specialty care at 11 hospitals and more than 150 medical facilities across the State. The UMMS network includes academic, community and specialty hospitals that together provide 25% of all hospital-based care in Maryland.

SB0276 Prosthesis 2:4:26.pdf

Uploaded by: Lynn Mortoro

Position: FAV



TESTIMONY IN SUPPORT OF

Maryland Medical Assistance Program and Health Insurance - Coverage for Orthoses and Protheses (So Every Body Can Move Act)

FAVORABLE

TO: Chair Senator Pamela Beidle, Vice Chair Senator Antonio Hayes and members of the Senate Finance Committee

FROM: Lynn Mortoro, member of the Maryland Episcopal Public Policy Network (MEPPN)

DATE: February 4, 2026

Dear Chair Senator Beidle, Vice Chair Senator Hayes and all members of the Senate Finance Committee

Thank you for the opportunity to give testimony in favor of this bill.

As a retired registered nurse as well as a member of the Episcopal Church, I am in favor of this bill.

The Church as resolved to support the removal of socially-determined barriers to health care. The coverage of orthoses and protheses fits in this definition. It can mean the difference between jobs, being able to get out of the house, to be confident in appearance and importantly, be able to maintain a better diet in the case of orthoses. People will be able to remain and be productive members of our communities.

The Maryland Episcopal Public Policy Network (MEPPN) requests a FAVORABLE report

The Maryland Episcopal Public Policy Network (MEPPN) is a ministry of The Episcopal Diocese of Maryland, The Episcopal Diocese of Washington, and The Delaware-Maryland Synod ELCA

Testify Senate.pdf

Uploaded by: Matthew Mitchell

Position: FAV

Madam Chair, Vice Chair, and members of the committee,

My name is Matthew, and my story begins with a fracture to my L4 vertebra that caused life-changing damage to my body.

I woke up in the hospital unable to move my left leg or foot. I couldn't wiggle my toes. I was in constant pain, and I was terrified. After two weeks, I stood for the first time. Nurses surrounded me, holding me up while I shook uncontrollably. I lasted about fifteen seconds before collapsing back onto the bed, drenched in sweat. The bottoms of my feet felt like rubber. I remember thinking, *this is my life now*.

After a month in the hospital, I could take about fifteen steps with a walker and a lot of assistance. When I was discharged, I was physically and emotionally broken. I tried to walk without proper support, overcompensating, causing pain to travel down my other leg. Every day felt like a reminder of what I had lost.

Then I was finally fitted with a custom AFO.

That brace changed everything. For the first time, I could walk with stability. I could lift my foot. I could move forward without fear of falling. Eventually, I worked my way up to walking nearly a mile. Not without pain — but with dignity.

The challenge wasn't whether the brace worked — it was whether I could access it. Insurance coverage rules, delays, and limitations slowed my recovery at the exact moment my body needed support. **SB276 / HB445, the So Everybody Can Move Act**, exists to make sure medically necessary orthotic care is covered when it's needed, not after damage is done. Healing doesn't wait for paperwork, and when access is restricted, people lose progress, independence, and the ability to return to work.

Custom orthotics aren't optional or "extra." They are medical necessities. They determine whether someone can work, stand, walk, and live independently.

I'm here today because access to proper orthotic care gave me my life back. I'm asking you to make sure others don't have to fight as hard as I did just to stand up again.

Thank you for your time.

2026 MOTA SB 276 Senate Side.pdf

Uploaded by: Michael Paddy

Position: FAV



Maryland Occupational Therapy Association

PO Box 36401, Towson, Maryland 21286 ♦ mota-members.com

Committee:	Senate Finance Committee
Bill Number:	Senate Bill 276
Title:	Maryland Medical Assistance Program and Health Insurance - Coverage for Orthoses and Prostheses (So Every Body Can Move Act)
Hearing Date:	February 4, 2026
Position:	Support

The Maryland Occupational Therapy Association (MOTA) supports Maryland Medical Assistance Program and Health Insurance - Coverage for Orthoses and Prostheses (So Every Body Can Move Act). The bill will redefine orthosis and require Medicaid and private insurance to cover orthoses and prostheses components, repairs, and some replacements once annually.

Occupational therapists often work with patients who receive orthoses as part of the medical team working with the patient as they go through rehabilitation. A proper fitting orthosis that is custom molded is imperative to proper patient treatment. Currently, Maryland requires insurance coverage for some prostheses but not orthoses. Orthotic care utilized for physical activity is not considered “medically necessary” or “reasonable and necessary” – the standards for insurance coverage – by most federal, state, and private health plans. Without health plan coverage, out-of-pocket costs range in the thousands and often prohibit people from getting access to this technology. As a result, physical activity accessible by specialized orthoses is severely limited. Without insurance coverage, individuals with limb differences often remain more sedentary or risk serious injury by exercising with improper devices. MOTA supports this bill because it provides access to necessary care for individuals experiencing limb differences.

We ask for a favorable report. If we can provide any further information, please contact Michael Paddy at mpaddy@policypartners.net.

SB0276-LWVMD-FAV-Coverage for Orthoses and Prosthe

Uploaded by: Nora Miller Smith

Position: FAV



TESTIMONY TO THE SENATE FINANCE COMMITTEE

SB0276: Maryland Medical Assistance Program and Health Insurance- Coverage for Orthoses and Prostheses (So Every Body Can Move Act)

POSITION: Support

BY: Linda Kohn, President

DATE: February 4, 2026

The League of Women Voters of Maryland supports Senate Bill 276: So Every Body Can Move Act. The League believes that every Maryland resident should have access to affordable, quality, equitable health care. The League is fully committed to equity, to ensure that everyone is treated with dignity and respect. By taking into account the various advantages and disadvantages that people face, the League works to ensure that all people, including people with disabilities, have an equal opportunity to succeed.

Passage of SB 276 would continue the progress made toward health equity for Marylanders with disabilities represented by passage of the 2024 "So Every Body Can Move Act." That legislation required certain Maryland health plans to provide coverage for prostheses. SB 276 would require those plans to provide coverage for orthoses as well.

Medical conditions associated with physical limitations, chronic pain, and the associated reduced quality of life can often be improved by the use of orthoses, i.e. braces and splints. These devices can enhance peoples' ability to participate in activities of daily living and recreation at home, school and work by helping them be more mobile and independent.

The World Health Organization's Convention on the Rights of Persons with Disabilities noted that "Prostheses and orthoses enable people with physical impairments or functional limitations to live healthy, productive, independent, dignified lives....Without access [to them], people who need them are often excluded, isolated and locked into poverty, which increases the burden of morbidity and disability."¹

The Maryland Health Care Commission provided information on the cost of this increased coverage, estimating "The cost impact of requiring health insurance coverage for orthoses...will add about...\$1.08 per member per year to privately insured health care premiums."²

Access to needed orthoses is an essential component of health equity to help people with disabilities achieve an optimum quality of life and better health outcomes. The League and its 2,000 members urge a favorable report on Senate Bill 276.

¹<https://www.who.int/publications/i/item/9789241512480#:~:text=Overview,burden%20of%20morbidity%20and%20disability.>

² https://mhcc.maryland.gov/mhcc/pages/plr/plr/documents/2025/orthoses_cost_impact_rpt.pdf

SB 276 Orthoses.pdf

Uploaded by: Pamela Beidle

Position: FAV

PAMELA G. BEIDLE
Legislative District 32
Anne Arundel County

Chair, Finance Committee

Executive Nominations Committee

Joint Committee on Gaming Oversight

Joint Committee on Management
of Public Funds

Spending Affordability Committee



Miller Senate Office Building
11 Bladen Street, Suite 3 East
Annapolis, Maryland 21401
410-841-3593
800-492-7122 Ext. 3593
Pamela.Beidle@senate.maryland.gov

THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

February 4, 2026

SB 276

Maryland Medical Assistance Program and Health Insurance - Coverage for Orthoses and Protheses (So Every Body Can Move Act)

Good afternoon Vice Chair Hayes and Members of the Finance Committee:

Thank you for the opportunity to present SB 276, the expansion of the So Every BODY Can Move Act. It was only two sessions ago that Nathan blew us all away with his testimony about needing an activity-specific prosthesis for baseball. Fast forward to today: Nathan is now 5'9", has a mustache, and is getting a new baseball leg that will be covered by his insurance because of the bill we passed.

Nathan is not the only life that was changed by our passage of SB 614 during the 2024 session. Marylanders across the state have been able to receive prostheses to participate in water sports at the beach, play lacrosse, and do gymnastics—all activities they could not safely do before with their everyday devices.

However, we were unable to help everyone that year, as we needed to remove coverage for activity-specific custom orthoses for that bill to pass. Senate Bill 276 reintroduces coverage for custom orthoses for physical activity.

Orthoses, or orthotic devices, are external braces used to treat congenital, neuromuscular, or musculoskeletal disorders, as well as acquired conditions. This bill matches the coverage and language of the prosthetics bill that unanimously passed the Senate in 2024.

The disability community is at a significantly higher risk of physical inactivity compared to their able-bodied peers. Fifty percent of adults with disabilities get no aerobic physical activity, and the prevalence of obesity among children with mobility impairments is twice that of children without disabilities. This legislation will change lives and significantly decrease costs associated with the serious co-morbidities of physical inactivity—diabetes and cardiovascular disease, just to name two—with a small up-front cost.

Maryland can also learn from other states that have already passed this legislation. There are now seven states providing coverage for activity-specific custom orthoses. In states where these laws have been in effect for over one year, there has been little to no impact on insurance premiums. You will hear shortly from advocates who will provide additional insight into this data.

Together, we can help ensure that Marylanders have access to medically necessary custom orthoses for physical activity. I appreciate your consideration and respectfully ask for a favorable vote on SB 276.

2026 TCC Senate Bill 276 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV



Committee: Senate Finance Committee

Bill Numbers: Senate Bill 276 Maryland Medical Assistance Program and Health Insurance – Coverage for Orthoses and Prostheses (So Every Body Can Move Act)

Hearing Date: February 4, 2026

Position: Support

The Coordinating Center is pleased to support **Senate Bill 276**. We provide care coordination to nearly 10,000 Marylanders annually through Medicaid programs and home- and community-based waivers. Our goal is to support our clients in living as independently as possible in their own communities. Many of the individuals we serve rely on orthoses to maintain stability, mobility, safety, and independence in their homes and communities.

We appreciate the bill's expanded and modernized definitions of orthoses and prostheses, which more accurately reflect the full range of devices our clients rely on. Many Marylanders need custom-designed or custom-fabricated orthotic and prosthetic devices due to neuromuscular or musculoskeletal conditions, limb loss, or other complex medical needs. These devices are essential for preventing decline, maintaining mobility and balance, restoring function, and ensuring safety in the community.

SB 276 ensures people living with disabilities are not denied medically necessary orthotic or prosthetic devices due to inconsistent or overly restrictive utilization guidelines. Aligning medical-necessity standards with Medicare provides clearer, fairer criteria and reduces denials, appeals, and delays in access to equipment that is vital for daily life and long-term health.

We also strongly support the bill's acknowledgment that orthoses and prostheses are critical not only for activities of daily living, but also for employment, community participation, and engagement in physical activity that promotes whole-body health. Our clients often need these devices to maintain safe mobility at work or to



participate in rehabilitative or fitness activities that improve outcomes and reduce healthcare costs.

Affordability remains one of the greatest barriers to access. SB 276 strengthens essential consumer protections by prohibiting higher cost sharing for orthotic and prosthetic devices and banning separate dollar limits. These provisions are especially important for low-income Marylanders, many of whom depend on these devices to remain independent and avoid preventable complications.

Finally, orthoses and prostheses often require replacement due to changes in a person's condition, growth, or device wear. The bill's clear replacement provisions prevent dangerous gaps in function and safety. We have seen clients forced to use devices that are no longer safe or functional because insurers denied timely replacements, a practice this bill helps address.

We respectfully request a favorable report on SB 276.

If any additional information would be helpful, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

APTA MD - 2026 Testimony - Support - SB276 - So Ev

Uploaded by: Roy Film

Position: FAV

APTA Maryland

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Our Vision

Transforming the diverse communities in Maryland to advance health and wellness by optimizing movement and function across the lifespan.

February 4, 2026

The Honorable Pam Beidle, Chair
Senate Finance Committee
Miller Senate Office Building, Room 3 East
11 Bladen St., Annapolis, MD 21401

RE: Senate Bill 276 - SUPPORT

Dear Chair Beidle,

The American Physical Therapy Association Maryland is writing to register our support of Senate Bill 276, also known as the So Every Body Can Move Act.

The purpose of this legislation is to require the Maryland Medical Assistance Program and certain insurers, nonprofit health service plans, and health maintenance organizations to “provide certain coverage related to orthoses beginning January 1, 2027 and clarifying that certain mandated benefits related to prostheses include all prostheses determined by a treating health care provider to be medically necessary for completing daily living activities, essential job-related activities, or performing certain other physical activities.”

Marylanders living with limb loss or limb differences are unable to afford and access orthotics that help them be physically active due to inadequate insurance coverage. This legislation provides improved coverage for orthoses, replacements, repairs, and parts that do not currently exist.

For the reasons noted above, we are asking for a favorable report on Senate Bill 276.

Sincerely,



Roy Film, PT, DPT
President, APTA Maryland

Healthcare Provider Testimony SB 276.pdf

Uploaded by: Sheryl Sachs

Position: FAV

Date: 02/02/2026

To: Chair Beidle, and Vice Chair Haynes of the Senate Finance Committee

Reference: SB0276- Maryland Medical Assistance Program and Health Insurance - Coverage for Orthoses and Prostheses (So Every Body Can Move Act)

Position: **Support/Favorable**

Dear Chair Beidle, and Committee Members:

We are grateful for the opportunity to share our comments on Senate Bill 276 and to encourage your support for this legislation. We are a group of healthcare providers who work closely with orthotic patients, including physicians, physical therapists, physician assistants, occupational therapists, and adaptive sports practitioners. As medical professionals, we are acutely aware of the challenges our patients face. Without the right device, we are unable to help patients progress beyond a certain point in their rehabilitation journey. No amount of appointments, prescriptions, or physical or occupational therapy alone can enable a patient to participate in sports and exercise if their orthosis is not appropriate to support that activity. All of our services are complementary to the provision of an appropriate, medically necessary orthotic device. Below is a collection of testimony from a variety of medical professionals who respectfully ask for your support of SB 276:

- Expand current So Every BODY Can Move legislation in Maryland to include coverage for activity-specific orthotic devices for individuals with fully insured state commercial plans, state employee plans, and Medicaid beneficiaries. Our law already covers activity-specific prostheses for individuals with the insurance plans listed above.
- These patients have so many hobbies and interests outside of simply walking - overall wellness would be improved for this population if afforded the ability to continue engagement in these activities.
- As a facilitator of the adaptive yoga program, Y4A Yoga for Amputees and Co-Director, I've witnessed firsthand the importance of having access to prosthetic and orthotic devices for amputees doing yoga. Without their prostheses, specifically, amputees who have lower limb loss would not be able to participate to the extent that they are. By having a prosthetic device enabling them to do yoga seated, standing and while moving, they are supporting their overall health and well-being in a powerful way. Additionally, I've witnessed amputees using their prosthetic devices to participate in adaptive CrossFit programs, and participating in other forms of exercise like walking and running. These individuals are passionate about their level of fitness, their physical and mental health, and take the steps necessary to get involved in such wellness programs. The importance of these prosthetic and orthotic devices for amputees to be able to participate in exercise and fitness programs CANNOT be underestimated. Access to prosthetic devices for participating in

activities is essential for people with limb loss or limb difference, as it supports their health, independence, autonomy, and full participation in daily life.

- Every person deserves to live a full life. We don't ask able bodied people to only move themselves from point A to point B, so why would we limit people with disabilities. Wheelchairs and orthotics should be as dynamic as the individuals who need them, allowing the to engage in a meaningful way within the communities. We have the technology to promote that, but it means nothing without the coverage to make it accessible to all.
- Our patients need to engage in other activities to improve their cardiovascular health as well as engage in social and community activities. This is necessary to reduce other medical issues such as heart disease, cognitive decline, and depression.
- Everyone deserves to move and be active and participate in the activities they loved before an injury. It is short sighted to tell people that the bare minimum is fine after an injury when there are resources to help them get back to the things they love.
- Being able to move with more ease will foster them continuing to explore the health benefits of yoga movement, meditation, and breath work. Movement is fundamental to physical, mental, and emotional health.

When our patients do not have access to appropriate custom orthoses that allow them to engage in sports, recreation, and activities beyond walking, our therapies and interventions are limited in their effectiveness. Successful patient outcomes require the full coordination of appropriate clinical services and medically necessary devices. Our patients need this legislation to reach their full potential. For these reasons, we respectfully urge you to support SB 276.

Thank you for your consideration and your support,

Representatives from:

The Johns Hopkins Hospital
Kennedy Krieger Institute
MedStar Health
MedStar NRH Good Samaritan Hospital
Medstar Olney
Rehabilitation Institute of Sinai
Serenity Bay Yoga, LLC
Y4A Yoga for Amputees
Anna S Page, PT, DPT, OCS
Bryan Caplan, PT, DPT, MTC
Catherine Szyjka, PT, DPT #22602

David Federline, OT/L
Heather Thamer, M.ED, E-RYT 500
Jennifer McDivitt, PT
Judith A. Bopp, PT #16652
Madeline lager, PTA
Margaret L. Lomax, C-IAYT, E-RYT 500
Mariam Keramati, DO
Meredith Drake, PT
Reanna Beatty, OTR/L, ATC
Valerie Jones, PT, DPT

O&P Group Testimony SB 276.pdf

Uploaded by: Sheryl Sachs

Position: FAV

Date: 02/02/2026

To: Chair Beidle, and Vice Chair Haynes of the Senate Finance Committee

Reference: SB0276- Maryland Medical Assistance Program and Health Insurance - Coverage for Orthoses and Prostheses (So Every Body Can Move Act)

Position: **Support/Favorable**

Dear Chair Beidle, and Committee Members:

We are grateful for the opportunity to share our comments on Senate Bill 276 and to encourage your support for this piece of legislation. We are a group of individuals who work for O&P companies and our patients include individuals who require evaluation for and fitting of custom orthoses. We all interface with patients with a wide range of diagnoses who require orthoses, as clinicians who directly serve our patients, technicians who fabricate their unique custom orthotic devices, or administrators who keep our offices running smoothly.

Every day, we work alongside our patients in their hardships and struggles to reach their goals. We do our best to support them in reaching their goals, whether that be standing, walking, returning to work, running, swimming, or the many other activities our patients desire to engage in. We have seen firsthand the impact that having the right device has on a patient's life. Having the right device can make an enormous difference in a patient's mental, emotional, and physical health.

This has been reinforced by the passing of SB 614 during the 2024 legislative session, which requires coverage for medically necessary prostheses for physical activity. For the past year, we have been able to provide activity-specific prostheses to our patients, allowing them to safely run for the first time, participate on their club lacrosse team, participate in water sports at the beach with their families, and attend spin class without risk of their prosthesis falling off. We know that these devices are lifechanging, and we want to be able to provide the same level of care for our orthotic patients when it is medically necessary to do so. Below is a collection of testimony from a variety of individuals who ask for your support of SB 276:

- As an O&P fabrication technician it is very important to know what type of activities the patient will be doing with the device. If it's for a higher activity device, I use different materials and fabrication techniques to make a suitable device for that specific case. When it's a higher activity patient, I use stronger and energy returning materials like carbon fiber and Nyglass. If the device will be used for walking, I might elect to use thermoplastic but if they need more strength for running, I would use a thermoset resin and carbon fiber. Every patient has a different shape, size limb and

use case that I make a custom device for. Some patients require nighttime stretching braces but then need different braces with different functions and features during the day to walk. All the devices are custom made and custom fit for every patient's special requirements and unique use cases.

- Often times activity specific devices can aid not only in physical activity for the patients but also reduce wear and tear on their everyday device, especially it is exposed to elements (like water) that their everyday device is not exposed to as often or for as long a period.
- I am writing to urge your support for the Orthoses Bill. Access to proper orthotic care is a fundamental right that empowers individuals with disabilities to lead healthy, active, and independent lives. Please vote in favor of this essential legislation.
- For more than twelve years working in patient care in the field Prosthetics and Orthotics, I've seen firsthand that movement is medicine. Devices are not optional for the individuals we serve—they are essential tools for health, independence, and participation in daily life. Yet current coverage policies assume one single device can meet every need, which does not reflect how people live or how mobility actually works.

Just as anyone without mobility impairments uses different footwear for work, exercise, and recreation, orthotic users need activity-specific devices to safely participate in the full range of their lives. A device built for stability during long work shifts is often too heavy for sports or too rigid for low-impact exercise; likewise, a lightweight device designed for movement does not offer the structural support needed for daily standing or ambulation. Limiting individuals to one orthosis forces them to choose between their health, their hobbies, their family engagement, and their independence.

The So Every Body Can Move Act expansion recognizes that access to multiple orthoses is not a luxury but a form of preventative care that reduces injuries, delays secondary complications, supports mental health, and encourages community participation. After years in this field, I know that improving orthotic access is one of the most effective and cost-saving interventions we can offer. Everyone deserves the right—and the tools—to move in ways that support their health and identity.

- Activity specific orthoses are absolutely essential to a high quality of life and save money by increasing mobility and recreation and fitness and reducing the expense related to poor health and fitness.
- Often times the best orthotic device for walking is not accessible, efficient, or functional for exercise, recreation, therapeutic training, or travel. For example, I

have one young patient who does very well with toe-walking SMOs for daily wear and walking, allowing him to normalize his gait pattern and support his arches to prevent skin breakdown and deformity, but this device does restrict his ankle motion making it very difficult to run. This young boy loves to run and participates in the Special Olympics for track. He has to run without his SMOs on to allow him to move his ankles properly, but he is limited then by his hyperpronation ankle instability. A different type of brace that would support is ankle without restricting his mobility would be ideal for running, but is not ideal for training his typical walking pattern. This is a great scenario of when activity specific orthoses would be greatly beneficial.

I have another patient who exercises in the water daily. He wears a custom KAFO for daily walking to control his weakness and instability at the knee and ankle, but he cannot submerge his KAFO in water without damaging it. He was fortunate enough to be able pay for his own secondary AFO, which he uses in the water to control his severe varus ankle instability and foot drop. His knee does not require as much the support in the water and the orthosis is specially designed to withstand submersion without failure. He is very successful exercising with an AFO in the water, but continues to need the KAFO for walking on land. This was a financial burden for the patient, and many people are not able to afford access to special use orthoses.

- Insurance carriers already put so many limitations on these devices- they need more to do more!
- I am writing to express my strong support for legislation that expands access to activity-specific orthoses. Just as most people rely on different types of shoes for different activities—running, hiking, or formal events—individuals with upper or lower extremity impairments often need more than one orthotic device to participate fully in daily life. Their primary orthosis may provide essential support, yet it is not always suited for activities such as running, skating, or swimming, and can even restrict movement during these tasks.

Providing access to secondary, activity-specific orthoses empowers people with physical impairments to engage in the same diverse range of activities as their peers. These devices help optimize function, promote health, and support inclusion in community life. I respectfully urge you to support this bill and help ensure that individuals who rely on orthoses have the tools they need to thrive.

- It brings me much joy as an O&P employees to witness our patients moving to have a great quality of life.
- Quality of life is so important!

- Just as we don't wear the same shoes to work and to the gym, we shouldn't expect one orthotic device to meet the demands of every activity. Activity-specific orthoses support movement more effectively, encouraging mobility and improving long-term health benefits.
- Along with a love for the field of Orthotics and Prosthetics, adaptive sport is a huge passion of mine that requires creative solutions for individuals of differing abilities. Specifically, therapeutic horsemanship where individuals of differing physical abilities and disabilities gain cognitive, emotional and physical strength through riding. The use of activity-specific orthotics of a variety of kinds provides support, function and protection for joints. A heavy-duty wrist driven orthosis is a great example of an activity-specific orthosis that gives a rider prehension to better grip reins. Having a simple carbon posterior leaf spring ankle foot orthosis for riding to aid in keeping the toes up in a patient with foot drop while remaining low profile is another great example. Disabled riders also benefit greatly having extras of activity-specific kinds as the wear and tear of hand and foot braces is much greater when sports are involved. Having access to activity specific orthoses such as these would be of great benefit in this sport of horsemanship and many others.
- You need only to look at the Special Olympics Maryland events to see the need for activity specific orthoses is a significant and worthwhile investment. Their words "INCLUSION, through sport, creating a world where opportunity is not limited by disability".
- We want to show our state senators that SB 276 is necessary because orthosis users need access to physical activity beyond walking (and wheelchair users need more than everyday propulsion) to maintain function and prevent decline. In clinical practice, activity-specific orthoses are not a luxury—these devices are frequently the safest, most medically appropriate way for a patient to participate in prescribed therapy and maintain function. Physical activity is not optional for many of our patients; it is treatment. It encourages and preserves strength, balance, cardiovascular health, joint integrity, and independence they have gone through. When coverage is limited to a single “everyday” brace, patients are forced into unsafe workarounds: they stop participating in therapy-based activities, they compensate and overuse other joints, they experience increased falls or pain, and their overall health declines. Activity-specific orthoses allow clinicians to match the device to the demands of the activity—stability, positioning, range of motion, load management, and skin safety—so patients can safely participate in rehabilitation and the movement required to prevent secondary complications and avoidable downstream costs. In addition, access to activity-specific orthoses would impact patients by:

- Allowing safe participation in prescribed therapy activities (strength training, cycling, aquatic therapy, higher-level gait and balance training)
- Reducing falls and injury risk when activity demands change (speed, terrain, fatigue, water exposure, repetitive loading)
- Preventing overuse injuries and joint degeneration caused by compensatory movement patterns
- Improving endurance and cardiovascular health, which directly affects mobility and long-term independence
- Supporting return to work and essential life roles when tasks require more than basic ambulation
- Maintaining mental health and motivation by keeping patients engaged in meaningful, goal-driven rehabilitation

Marylanders need this legislation. These custom orthoses allow children and adults to play sports with their peers and live active, healthy lives. We have seen the artificial limitations imposed upon our patients simply due to a lack of access to these activity-specific devices. Our patients need this legislation. It is for the reasons stated above that we urge you to support SB0276.

Thank you for your consideration and your support,

Representatives from:

Ability Ottobock.care
 Dankmeyer, Inc.
 Hanger, Inc.
 Medical Center Orthotics & Prosthetics
 Medstar- MGSB
 Metro Prosthetics
 Real Life Prosthetics

Adrienne J Castle
 Angela Bryl, CPO
 Charlie Kelly, CPO
 Cleo Hubbell, CPO
 Courtney Booth
 Grace E. Dietz, MPO
 Jason Kunec, CPO
 Jennifer M. Kelly
 Jocelyn Diaz
 Jonathan Mitchell Stuchlik, CLPO
 Judith Taylor
 Karen Knecht

Karen Randall
 Lukas Baner, CTPO
 Mark S. Hopkins, PT, CPO, MBA
 Mary Reedy, CP
 Maxx Miller, CPO
 Michael Leal
 Michelle Intintoli, CPO, MSPO
 Rebecca Frost, CPO, MPO

Patient Testimony SB 276.pdf

Uploaded by: Sheryl Sachs

Position: FAV

Date: 02/02/2026

To: Chair Beidle, and Vice Chair Haynes of the Senate Finance Committee

Reference: SB0276- Maryland Medical Assistance Program and Health Insurance - Coverage for Orthoses and Prosthesis (So Every Body Can Move Act)

Position: **Support/Favorable**

Dear Chair Beidle, and Committee Members:

We respectfully urge your support of Senate Bill 276, a bill that directly impacts the health and independence of patients like us who rely on orthotic care. These custom orthoses allow us to move, work, and care for our families, and access to appropriate, activity-specific devices is essential for us to maintain our health and quality of life.

While we may not identify as disabled, the absence of full function in one or more of our limbs creates real and significant limitations. Without the proper orthotic devices, many of us are unable to safely participate in physical activities beyond basic walking. This lack of access restricts our ability to stay active, prevent further health complications, and fully engage in our communities.

Senate Bill 276 would help remove these barriers by ensuring that patients like us have access to the orthotic devices we need to remain healthy, active, and independent. Below, you will find testimony from patients and families who live these challenges every day and respectfully ask for your support of SB 276.

- Soccer or running would be a great help for my husband, critical for his mental and physical wellbeing.
- Had a spinal cord injury and when I was recovering as many functions as possible, I used necessary orthotics which ultimately allowed me to regain my abilities to walk unassisted which is so critical for someone my age. It had unlocked my life again without it I don't know where I'd be. I'm testifying for this bill because during my recovery (windows is only 2 years) I had to wait 3 months before retrieving my new AFO which had the ability to push off unlike my first one which was critical for return of function from foot drop I imagine my recovery would've gone even better had I received it faster.

- Being able to participate in activities beyond just walking provides gratification and fulfillment in life. By allowing myself and others the ability to seek out and participate in activities beyond just propulsion from point A to point B makes us feel complete as humans and feeds our mental health.

We need this legislation to grant us access to activity-specific orthoses so that we can engage in physical activities that allow for us to maintain our health. We share our stories above to urge you to support SB 276.

Thank you for your consideration and your support,

Freweini Y Kiflemarian

Dr. Marne Harker DNP, MSN-Ed, RN, CNEcl

Matthew William Mitchell

SNS Testimony SB 276.pdf

Uploaded by: Sheryl Sachs

Position: FAV

To: Chair Beidle, Vice Chair Hayes, and Members of the Senate Finance Committee

Date: 02/02/2026

Re: SB 276 — Maryland Medical Assistance Program and Health Insurance — Coverage for Orthoses and Prostheses (So Every BODY Can Move Act)

Position: **Support / Favorable**

Dear Chair Beidle, Vice Chair Hayes, and Committee Members:

My name is **Sheryl Sachs**, and I am a Certified Prosthetist-Orthotist (MSPO, CPO) in Maryland. I respectfully submit this testimony **in strong support of Senate Bill 276 — the So Every BODY Can Move Act.**

SB 276 modernizes and strengthens Maryland's health coverage mandates for **orthoses and prostheses**, ensuring equitable access to medically necessary devices that support mobility, daily living, participation in employment, and physical activity. This bill builds on the historic groundwork laid by Maryland's prior **So Every BODY Can Move** legislation from the 2024 legislative session, which went into effect January 2025, and continues Maryland's leadership in addressing long-standing coverage gaps for people with mobility impairments.

This legislative effort in Maryland is part of a **broader national movement — So Every BODY Can Move** — that recognizes movement is medicine and seeks to ensure insurance coverage for activity-specific orthotic and prosthetic devices that are medically necessary to support leading healthy and active lives. Last year, **four states successfully enacted legislation clarifying existing mandates to ensure coverage for orthotic and prosthetic devices for physical activity: New Jersey, Washington, Oregon, and Georgia.** These laws require carriers to cover custom orthotic and prosthetic devices, including those required for physical activity and wellness, signaling widespread recognition of the importance of such coverage.

In addition to these enacted laws, **many states have introduced or are actively advancing similar bills this session**, reflecting strong bipartisan momentum across the country. During the 2026 legislative session, states including **Ohio, New Hampshire, Virginia, New Mexico, Missouri, Arizona, Indiana, Oklahoma, Florida, Georgia, Kentucky, Hawaii, Washington, Alaska, and Kansas** have all introduced legislation to require or expand coverage for orthotic and prosthetic devices that align with the core principles of So Every BODY Can Move. This demonstrates the growing national consensus that insurance should cover devices needed not just for daily living, but for overall health and physical activity.

SB 276 makes critical improvements to existing law by:

1. **Ensuring Comprehensive Coverage** — It clarifies that **orthoses**— including those needed for physical activities, employment, and full participation in life — must be covered by insurers and Medicaid when medically necessary. This removes arbitrary limitations that have previously left individuals without access to these custom orthoses essential for health and function, and matches the coverage enacted for prostheses during the 2024 legislative session.
2. **Closing Remaining Gaps** — By explicitly covering both **orthotic and prosthetic devices** for daily living, job-related activities, and physical activities such as walking, running, swimming, strength training, and other movements that sustain health, this bill aligns coverage with real human needs. Many of our patients requires both prostheses and custom orthoses for daily use.
3. **Promoting Preventive Health** — Movement is medicine: physical activity is strongly correlated with improved cardiovascular health, mental health, employment outcomes, and reduced secondary complications. When people have access to devices that enable movement, we see better long-term health outcomes and potentially reduced health care costs from complications associated with inactivity.
4. **Aligning with National Trends** — Maryland’s leadership will resonate with efforts nationwide to modernize orthotic and prosthetic coverage. As other states adopt similar reforms, the evidence base for improved outcomes and the feasibility of such coverage grows stronger.

For many Marylanders, SB 276 means the difference between being limited to a single device that only partially meets their needs and having **full access to the medically necessary custom orthoses** that allow them to function safely, participate in work and community life, and pursue different physical activities such as running, weight-training, and hiking. Without adequate coverage, individuals are often forced to shoulder enormous out-of-pocket costs or forgo devices entirely — undermining their health, independence, and quality of life. Maryland’s previous So Every BODY Can Move law already made important progress; SB 276 **takes the next step** by ensuring that coverage truly reflects the functional and preventive benefits of modern orthotic and prosthetic care.

We have seen through implementation of this legislation in other states that the fiscal impact is significantly lower than initially believed. Across the three states that have enacted custom orthoses coverage for **at least one year—New Mexico, Minnesota, and Illinois**—there has only been an **increased utilization of 5%**. In New Mexico, rate reviews completed by all commercial insurances saw a **0.0% increase in premiums** while still providing medically necessary activity-specific custom orthoses and prostheses. **While this legislation is life-changing for those with lived experience, that number of individuals is small compared to the masses that it results in negligible impacts on insurance premiums.**

Maryland has the opportunity to be a national leader in equitable health coverage that supports meaningful participation, health, and well-being for individuals with mobility challenges. SB 276 embodies the principles of dignity, fairness, and evidence-based care that should guide our health system.

For these reasons, I **strongly urge a favorable report on SB 276.**

Thank you for your time and consideration,

Sheryl Sachs, MSPO, CPO
Certified Prosthetist Orthotist

MPMA SB276.pdf

Uploaded by: Richard Bloch

Position: FWA



MARYLAND PODIATRIC MEDICAL ASSOCIATION

The Adams Building, Suite 301
600 Baltimore Avenue
Towson, Maryland 21204

Telephone: (410) 332-0736

Facsimile: (410) 332-0885

February 2, 2026

Chair Pamela Beidle
Vice Chair Antonio Hayes
Senate Finance Committee
Annapolis, Maryland 21401

SB276: Maryland Medical Assistance Program and Health Insurance-Coverage for Orthoses (So Every Body Can Move Act)

Position: Support with amendments

Dear Chair, Vice Chair, and Members of the Committee:

On behalf of the Maryland Podiatric Medical Association (MPMA), representing over 230 podiatrists licensed in Maryland and the practice of podiatry, I write to support SB 276 with amendments. We appreciate the Sponsor's willingness to discuss our proposed amendments and believe this bill will make quality orthotics more available to many of our patients and improve their quality of life.

On page 2, lines 4-7, amend from "neuromuscular or musculoskeletal disorder or acquired condition" to "neuromuscular, musculoskeletal, acquired, or congenital condition".

This amendment addresses the various congenital conditions that are not an acquired condition, which may require the need for orthosis.

Orthotics in the field of podiatric medicine provide a profound impact on everyday lives of our patients. These custom-made orthoses provide patients with the ability to maintain a high quality of relief in their lower extremities as a result decreasing abnormal forces that transfer through the limbs. Orthotics have been shown to be beneficial in a variety of activities such as rigorous job environments, wide range of sports, and everyday life. In some situations, providing patients with an activity specific device is necessary to be tailored to their needs to better their health and overall well-being.

For these reasons, we respectfully request a favorable vote on SB 276. Should you have any questions, please feel free to contact Richard Bloch, MPMA Executive Director, at Richard@SBHPA.com or (410) 332-0736.

Sincerely,

A handwritten signature in blue ink that reads "Priya Parthasarathy".

Priya Parthasarathy, D.P.M., MPMA President

Cc: Adam Lowy, D.P.M., Immediate Past-President and Legislative Chair
Sarah Peters, Lobbyist, HBS Maryland
Richard Bloch, J.D., Executive Director

SB276_LeagueLifeHealthInsurers_UNF

Uploaded by: Matthew Celentano

Position: UNF



15 School Street, Suite 200
Annapolis, Maryland 21401
410-269-1554

February 4, 2026

The Honorable Pam Beidle
Chair, Senate Finance Committee
3 East
Miller Senate Office Building
Annapolis, MD 21401

**Senate Bill 276 – Maryland Medical Assistance Program and Health Insurance – Coverage for
Orthoses (So Every Body Can Move Act)**

Dear Chair Beidle,

The League of Life and Health Insurers of Maryland, Inc. respectfully **opposes** *Senate Bill 276 – Maryland Medical Assistance Program and Health Insurance – Coverage for Orthoses (So Every Body Can Move Act)* and urges the committee to give the bill an unfavorable report.

Senate Bill 276 requires insurers to provide certain coverage related to orthoses and makes related changes to utilization review determinations and reimbursement requirements for these services. The result of this bill could have a dramatic impact on premium and we urge the committee to consider the affordability impact before moving forward with this legislation.

We also have operational concerns about how the bill is drafted. We are concerned about the interpretation of misuse, change in psychological condition of the patient, and other undefined terms. Orthoses themselves also substantially vary in cost depending on the model. If there is a desire to put some limits around cost sharing, it could be related to the cost of that item without insurance. We are aware that some retailers and health systems mark these products up; carriers do not engage in that practice. Carriers also cover medical condition as outlined in the bill, not by activity as drafted in House Bill 383. As with related legislation the prior two years addressing prosthetics, carriers are certainly happy to engage in discussions that might right fit this legislative approach.

That being said, the result of this legislation as introduced would be the creation of a new mandated benefit. Under the ACA, each state must pay for every health plan purchased through the Maryland Health Benefit Exchange, the additional premium associated with any state-mandated benefit beyond the federally mandated essential health benefits. This means, should the Commissioner include the mandate in the State benchmark plan, the State would be required to defray the cost of the benefits to the extent it applies to the individual and small group market ACA plans.

The League opposes any additional mandated benefits to Maryland's law. Mandated benefits add cost to health insurance policies in our state and limit the ability of insurers to design benefits to best meet the needs of enrollees.

For these reasons, the League urges the committee to give Senate Bill 406 an unfavorable report.

Very truly yours,

A handwritten signature in black ink, appearing to read "Matthew Celentano", with a long horizontal flourish extending to the right.

Matthew Celentano
Executive Director

cc: Members, Senate Finance Committee

2026 Session - MHCC - Letter of Information SB 276

Uploaded by: Douglas Jacobs

Position: INFO



February 4, 2026

The Honorable Pamela Beidle
Chair, Finance Committee
3 East Miller Senate Office Building
Annapolis, Maryland 21401

Re: SB 276 - Maryland Medical Assistance Program and Health Insurance – Coverage for Orthoses and Prosthesis (So Every Body Can Move Act)

Dear Chair Beidle and Members of the Committee,

The Maryland Health Care Committee (MHCC) respectfully submits this letter of information on *Senate Bill (SB) 276 Maryland Medical Assistance Program and Health Insurance – Coverage for Orthoses and Prosthesis (So Every Body Can Move Act)*. SB 276 requires Maryland Medical Assistance Program (Medicaid) and certain insurers, nonprofit health service plans, and health maintenance organizations to provide certain coverage for orthoses and clarifying that certain mandated benefits related to prostheses include all prostheses determined by a treating health care provider to be medically necessary.

House Bill 865/Senate Bill 614 (2024) required the Maryland Department of Health (MDH) with assistance from the Maryland Health Care Commission (MHCC) to submit a report on the cost of coverage for Orthoses and Prosthesis when medically necessary. MHCC provided an actuarial analysis of the cost for private insurers to cover these services, and this report was submitted by MDH in December of 2024.

MHCC was asked to provide a revised study on the impact of requiring coverage for orthoses to include whole-body health, and submitted a finalized report, *Revised Estimate of the Cost Impact Requiring Coverage for Orthoses (2025)*.¹ This report focused on the commercial market (fully insured and state employees). MHCC narrowed the list of applicable orthotic “L” codes provided by advocates for this legislation, which would be covered from 258 in the 2024 report to 117 in the revised study for the commercial market. The “L” codes used in the updated analysis reflected codes for knee orthoses, ankle foot orthoses, foot orthoses, knee-ankle-foot orthoses, hip-knee-ankle-foot orthoses, and upper extremity orthoses.

Trends in utilization of these orthoses indicated a decrease in the use of these orthoses between 2021 – 2023; this decrease slowed in 2023. MHCC does not have data to indicate

¹ Maryland Health Care Commission (2025), Revised Estimate of the Cost Impact Requiring Coverage for Orthoses, https://mhcc.maryland.gov/mhcc/pages/plr/plr/documents/2025/orthoses_cost_impact_rpt.pdf.

what drove this trend. Cost and utilization analyses took into account the increased uptake in 2023 in utilization and results indicate that the overall impact was an increase in the premium cost estimate to 0.07% or \$0.13 per member per month (PMPM). The premium impact for the fully insured market was an increase of 0.06% or \$0.09 PMPM.

We appreciate your consideration. If you have any questions, please do not hesitate to contact me at douglas.jacobs@maryland.gov or Ms. Tracey DeShields, Director of Policy Development and External Affairs, at tracey.deshields2@maryland.gov or 410-764-3588.

Sincerely,



Douglas Jacobs, MD, MPH
Executive Director



SB 276 - MDH - FIN - LOI.docx.pdf

Uploaded by: Meghan Lynch

Position: INFO



DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

February 4, 2026

The Honorable Pamela Beidle, Chair
Senate Finance Committee
3 East Miller Senate Office Building.
Annapolis, MD 21401-1991

RE: SB 276 – Maryland Medical Assistance Program and Health Insurance – Coverage for Orthoses and Prosthesises (*So Every Body Can Move Act*) - Letter of Information

Dear Chair Beidle and Committee Members:

The Maryland Department of Health (“The Department”) respectfully submits this letter of information for Senate Bill (SB) 276 – Maryland Medical Assistance Program and Health Insurance – Coverage for Orthoses and Prosthesises (*So Every Body Can Move Act*). The Department covers the services required by the legislation and no fiscal impact is anticipated.

Effective January 1, 2027, SB 276 requires the Maryland Medical Assistance Program (Medical Assistance) and managed care organizations (MCOs) to once annually cover orthoses, its components, repairs, and replacements under certain conditions; cover all medically necessary orthoses and components to complete activities of daily living, essential job activities and physical activities for to maximize enrollee’s whole-body health and limb function. Furthermore, SB 276 requires Medical Assistance to cover orthoses replacements regardless of continuous use or useful life restrictions if a healthcare provider deems replacement of orthoses or its components which are less than one year old, necessary due to physiological changes of the patient, or irreparable change in the condition of the orthoses or its components unless necessitated by misuse.

The Department notes these services are already covered by Maryland Medicaid. Following completion of a legislatively required report in December 2024,¹ MDH engaged with stakeholders and clinicians to identify a list of 132 “L” codes for custom orthoses used in physical activities to maintain whole-body health. Effective January 1, 2026, MDH updated its Disposable Medical Supplies (DMS)/ Durable Medical Equipment Prosthesises and Orthoses Fee Schedule to reflect the expanded Medical Assistance coverage of both orthotic and prosthetic

¹The report submitted by MDH, MHCC, and MIA addressed the cost estimated for Medical Assistance and commercial payers to expand coverage of orthoses for whole-body health, as required by Senate Bill (SB) 614, *Maryland Medical Assistance Program (Medical Assistance) and Health Insurance - Coverage for Prosthesises (So Every Body Can Move Act)* (Chs. 822 and 823 of the 2024 Acts). A copy of the report can be found here, <https://health.maryland.gov/mmcp/Documents/JCRs/2025/homehealthproviderdirectoryJCRfinal12-25%20final.pdf>

“L” codes for the purposes of whole-body health and limb function.² While SB 276 does not expand coverage under Medicaid, revisions to regulations may be needed to bring definitions into alignment with the proposed statutory language if the bill is passed.

The bill further requires MCOs to report on their compliance with the §15–820 of the Insurance Article for calendar years 2027 through 2030. MDH and Maryland Insurance Administration (MIA) are required to jointly submit a joint report to the Finance Committee and the House Health and Government Operations Committee on or before December 31, 2032.

If you would like to discuss this further, please do not hesitate to contact Meghan Lynch, Director of Government Affairs at meghan.lynch@maryland.gov

Sincerely,

A handwritten signature in blue ink, appearing to read 'Meena Seshamani', is positioned above the typed name.

Meena Seshamani, M.D., Ph.D.
Secretary

² See orthoses section for more information,
<https://health.maryland.gov/mmcp/communitysupport/Approved%20Items%20Lists/2025/DME%20DMS%20Fee%20Sch%201.1.26%20F.pdf>

SB 276 - FIN - MHCC - LOI.pdf

Uploaded by: State of Maryland (MD)

Position: INFO



February 4, 2026

The Honorable Pamela Beidle
Chair, Finance Committee
3 East Miller Senate Office Building
Annapolis, Maryland 21401

Re: SB 276 - Maryland Medical Assistance Program and Health Insurance – Coverage for Orthoses and Prostheses (So Every Body Can Move Act)

Dear Chair Beidle and Members of the Committee,

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We appreciate your consideration. If you have any questions, please do not hesitate to contact me at douglas.jacobs@maryland.gov or Ms. Tracey DeShields, Director of Policy Development and External Affairs, at tracey.deshields2@maryland.gov or 410-764-3588.

Sincerely,



Douglas Jacobs, MD, MPH
Executive Director

