

# HOUSE BILL 865

J5, J1

4lr3211  
CF SB 614

---

By: Delegates Martinez, Acevero, Alston, Bagnall, R. Lewis, J. Long, Roberts, Taylor, Turner, Williams, and Woods Woods, Bhandari, Chisholm, Cullison, Guzzone, Hill, Hutchinson, S. Johnson, Kaiser, Kerr, Kipke, Lopez, M. Morgan, Pena-Melnyk, Reilly, Rosenberg, Szeliga, Taveras, and White Holland

Introduced and read first time: February 2, 2024  
Assigned to: Health and Government Operations

---

Committee Report: Favorable with amendments  
House action: Adopted  
Read second time: March 24, 2024

---

## CHAPTER \_\_\_\_\_

1 AN ACT concerning

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

5 FOR the purpose of requiring the Maryland Medical Assistance Program and certain  
6 insurers, nonprofit health service plans, and health maintenance organizations to  
7 provide certain coverage related to ~~orthoses and prostheses; requiring certain~~  
8 ~~insurers, nonprofit health service plans, and health maintenance organizations to~~  
9 ~~render utilization review determinations relating to the coverage in a~~  
10 ~~nondiscriminatory manner; establishing certain provider network and~~  
11 ~~reimbursement requirements relating to the covered benefits~~ establishing that  
12 certain insurers, nonprofit health service plans, and health maintenance  
13 organizations must comply with certain provider network requirements; and  
14 generally relating to coverage and reimbursement for ~~orthoses and prostheses.~~

15 BY repealing and reenacting, without amendments,  
16 Article – Health – General  
17 Section 15–103(a)(1)  
18 Annotated Code of Maryland  
19 (2023 Replacement Volume)

---

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



1 BY repealing and reenacting, with amendments,  
 2 Article – Health – General  
 3 Section 15–103(a)(2)(xxii) and (xxiii)  
 4 Annotated Code of Maryland  
 5 (2023 Replacement Volume)

6 BY adding to  
 7 Article – Health – General  
 8 Section 15–103(a)(2)(xxiv)  
 9 Annotated Code of Maryland  
 10 (2023 Replacement Volume)

11 BY repealing and reenacting, with amendments,  
 12 Article – Insurance  
 13 Section ~~15–820~~ and 15–844  
 14 Annotated Code of Maryland  
 15 (2017 Replacement Volume and 2023 Supplement)

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

18 **Article – Health – General**

19 15–103.

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

22 (2) The Program:

23 (xxii) Beginning on January 1, 2024, shall provide gender–affirming  
 24 treatment in accordance with § 15–151 of this subtitle; [and]

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

28 (XXIV) BEGINNING ON JANUARY 1, 2025, SHALL PROVIDE  
 29 COVERAGE FOR ORTHOSES AND PROSTHESES IN ACCORDANCE WITH ~~§§ 15–820 AND~~  
 30 ~~15–844~~ § 15–844 OF THE INSURANCE ARTICLE.

31 **Article – Insurance**

32 ~~15–820.~~

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

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

4           ~~(2) restrict or eliminate motion in a diseased or injured part of the body.]~~

5 ~~“ORTHOSIS” MEANS A CUSTOM DESIGNED, CUSTOM FABRICATED, CUSTOM FITTED,~~  
6 ~~PREFABRICATED, OR MODIFIED DEVICE TO TREAT A NEUROMUSCULAR OR~~  
7 ~~MUSCULOSKELETAL DISORDER OR ACQUIRED CONDITION.~~

8       ~~(b) THIS SECTION APPLIES TO:~~

9           ~~(1) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT~~  
10 ~~PROVIDE HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS~~  
11 ~~ON AN EXPENSE INCURRED BASIS UNDER HEALTH INSURANCE POLICIES OR~~  
12 ~~CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE; AND~~

13           ~~(2) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE~~  
14 ~~HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS UNDER~~  
15 ~~CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE.~~

16       ~~[(b)](c) [Each health insurance contract that is delivered or issued for delivery~~  
17 ~~in the State by a nonprofit health service plan and that provides hospital benefits] AN~~  
18 ~~ENTITY SUBJECT TO THIS SECTION shall provide [benefits] COVERAGE for [orthopedic~~  
19 ~~braces] ORTHOSES AND, SUBJECT TO SUBSECTION (D) OF THIS SECTION,~~  
20 ~~REPLACEMENTS FOR ORTHOSES.~~

21       ~~(d) (1) AN ENTITY SUBJECT TO THIS SECTION SHALL PROVIDE~~  
22 ~~COVERAGE FOR REPLACEMENTS OF ORTHOSES WITHOUT REGARD TO CONTINUOUS~~  
23 ~~USE OR USEFUL LIFETIME RESTRICTIONS IF AN ORDERING HEALTH CARE PROVIDER~~  
24 ~~DETERMINES THAT THE PROVISION OF A REPLACEMENT ORTHOSIS OR A~~  
25 ~~REPLACEMENT OF A COMPONENT OF THE ORTHOSIS IS NECESSARY:~~

26           ~~(i) BECAUSE OF A CHANGE IN THE PHYSIOLOGICAL CONDITION~~  
27 ~~OF THE PATIENT;~~

28           ~~(ii) BECAUSE OF AN IRREPARABLE CHANGE IN THE CONDITION~~  
29 ~~OF THE ORTHOSIS OR A COMPONENT OF THE ORTHOSIS; OR~~

30           ~~(iii) BECAUSE THE CONDITION OF THE ORTHOSIS OR A~~  
31 ~~COMPONENT OF THE ORTHOSIS REQUIRES REPAIRS AND THE COST OF THE REPAIRS~~  
32 ~~WOULD BE MORE THAN 60% OF THE COST OF REPLACING THE ORTHOSIS OR THE~~  
33 ~~COMPONENT OF THE ORTHOSIS.~~

~~(2) AN ENTITY SUBJECT TO THIS SECTION MAY REQUIRE AN ORDERING HEALTH CARE PROVIDER TO CONFIRM THAT THE ORTHOSIS OR COMPONENT OF THE ORTHOSIS BEING REPLACED MEETS THE REQUIREMENTS OF PARAGRAPH (1) OF THIS SUBSECTION IF THE ORTHOSIS OR COMPONENT IS LESS THAN 3 YEARS OLD.~~

~~(E) AN ENTITY SUBJECT TO THIS SECTION SHALL CONSIDER THE COVERED BENEFITS UNDER THIS SECTION HABILITATIVE OR REHABILITATIVE BENEFITS FOR PURPOSES OF ANY FEDERAL OR STATE REQUIREMENT FOR COVERAGE OF ESSENTIAL HEALTH BENEFITS.~~

~~(F) THE COVERED BENEFITS UNDER THIS SECTION MAY NOT BE SUBJECT TO:~~

~~(1) SEPARATE FINANCIAL REQUIREMENTS THAT ARE APPLICABLE ONLY WITH RESPECT TO THAT COVERAGE; OR~~

~~(2) A HIGHER COPAYMENT OR COINSURANCE REQUIREMENT THAN THE COPAYMENT OR COINSURANCE FOR BENEFITS COVERED UNDER THE POLICY OR CONTRACT OF THE INSURED OR ENROLLEE THAT RELATE TO PRIMARY CARE OR INPATIENT PHYSICIAN OR SURGICAL SERVICES.~~

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

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

~~(2) THE COVERED BENEFITS UNDER THIS SECTION INCLUDE ORTHOSES IF THE TREATING PHYSICIAN DETERMINES THAT THE ORTHOSIS IS MEDICALLY NECESSARY FOR:~~

~~(I) COMPLETING ACTIVITIES OF DAILY LIVING;~~

~~(II) ESSENTIAL JOB RELATED ACTIVITIES; OR~~

~~(III) PERFORMING PHYSICAL ACTIVITIES, INCLUDING RUNNING, BIKING, SWIMMING, STRENGTH TRAINING, AND OTHER ACTIVITIES TO MAXIMIZE~~

~~1 THE WHOLE BODY HEALTH AND LOWER OR UPPER LIMB FUNCTION OF THE INSURED  
2 OR ENROLLEE.~~

~~3 (I) AN ENTITY SUBJECT TO THIS SECTION SHALL RENDER UTILIZATION  
4 REVIEW DETERMINATIONS IN A NONDISCRIMINATORY MANNER AND MAY NOT DENY  
5 COVERAGE FOR BENEFITS REQUIRED UNDER THIS SECTION SOLELY ON THE BASIS  
6 OF AN INSURED'S OR ENROLLEE'S ACTUAL OR PERCEIVED DISABILITY.~~

~~7 (J) AN ENTITY SUBJECT TO THIS SECTION MAY NOT DENY BENEFITS  
8 REQUIRED UNDER THIS SECTION FOR AN INDIVIDUAL WITH LIMB LOSS OR ABSENCE  
9 THAT WOULD OTHERWISE BE COVERED FOR A NONDISABLED INDIVIDUAL SEEKING  
10 MEDICAL OR SURGICAL INTERVENTION TO RESTORE OR MAINTAIN THE ABILITY TO  
11 PERFORM THE SAME PHYSICAL ACTIVITY.~~

~~12 (K) AN ENTITY SUBJECT TO THIS SECTION SHALL INCLUDE LANGUAGE  
13 DESCRIBING THE INSURED'S OR ENROLLEE'S RIGHTS UNDER SUBSECTIONS (I) AND  
14 (J) OF THIS SECTION IN ITS EVIDENCE OF COVERAGE AND ANY BENEFIT DENIAL  
15 LETTER.~~

~~16 (L) (1) AN ENTITY SUBJECT TO THIS SECTION SHALL ENSURE ACCESS TO  
17 AT LEAST TWO DISTINCT ORTHOPEDIC PROVIDERS IN THE ENTITY'S PROVIDER  
18 NETWORK IN THE STATE FOR ORTHOSES, ORTHOSIS TECHNOLOGY, AND MEDICALLY  
19 NECESSARY CLINICAL CARE FOR ORTHOSES.~~

~~20 (2) (I) IN THE EVENT THAT THE BENEFITS REQUIRED UNDER THIS  
21 SECTION ARE NOT AVAILABLE FROM AN IN-NETWORK PROVIDER, AN ENTITY  
22 SUBJECT TO THIS SECTION SHALL PROVIDE PROCESSES TO REFER AN INSURED OR  
23 ENROLLEE TO AN OUT-OF-NETWORK PROVIDER.~~

~~24 (H) 1. AN ENTITY SUBJECT TO THIS SECTION SHALL  
25 REIMBURSE AN OUT-OF-NETWORK PROVIDER AT A MUTUALLY AGREED-ON RATE  
26 AFTER SUBTRACTING ANY COST-SHARING REQUIREMENTS OF AN INSURED OR  
27 ENROLLEE.~~

~~28 2. COST-SHARING REQUIREMENTS OF AN INSURED OR  
29 ENROLLEE UNDER SUBSUBPARAGRAPH 1 OF THIS SUBPARAGRAPH SHALL BE  
30 DETERMINED AS IF THE BENEFITS WERE PROVIDED BY AN IN-NETWORK PROVIDER.~~

31 15-844.

32 (a) (1) In this section, ~~["prosthetic device" means~~ "PROSTHESIS" MEANS an  
33 artificial device to replace, in whole or in part, a leg, an arm, or an eye] ~~"PROSTHESIS"~~  
34 ~~MEANS A CUSTOM-DESIGNED, FABRICATED, FITTED, OR MODIFIED DEVICE TO TREAT~~

~~1 PARTIAL OR TOTAL LIMB LOSS FOR PURPOSES OF RESTORING PHYSIOLOGICAL  
2 FUNCTION OR COSMESIS.~~

3 **(2) "PROSTHESIS" INCLUDES A CUSTOM-DESIGNED, -FABRICATED,**  
4 **-FITTED, OR -MODIFIED DEVICE TO TREAT PARTIAL OR TOTAL LIMB LOSS FOR**  
5 **PURPOSES OF RESTORING PHYSIOLOGICAL FUNCTION.**

6 (b) This section applies to:

7 (1) insurers and nonprofit health service plans that provide hospital,  
8 medical, or surgical benefits to individuals or groups on an expense-incurred basis under  
9 health insurance policies or contracts that are issued or delivered in the State; and

10 (2) health maintenance organizations that provide hospital, medical, or  
11 surgical benefits to individuals or groups under contracts that are issued or delivered in  
12 the State.

13 (c) An entity subject to this section shall provide **ONCE ANNUALLY** coverage for:

14 (1) [prosthetic devices] **PROSTHESES**;

15 (2) components of [prosthetic devices] **PROSTHESES**; [and]

16 (3) repairs to [prosthetic devices] **PROSTHESES**; AND

17 **(4) SUBJECT TO SUBSECTION (D) OF THIS SECTION, REPLACEMENTS**  
18 **OF PROSTHESES OR PROSTHESIS COMPONENTS.**

19 **(D) (1) AN ENTITY SUBJECT TO THIS SECTION SHALL PROVIDE**  
20 **COVERAGE FOR REPLACEMENTS OF PROSTHESES ~~WITHOUT REGARD TO~~**  
21 **~~CONTINUOUS USE OR USEFUL LIFETIME RESTRICTIONS~~ IF AN ORDERING HEALTH**  
22 **CARE PROVIDER DETERMINES THAT THE PROVISION OF A REPLACEMENT**  
23 **PROSTHESIS OR A COMPONENT OF THE PROSTHESIS IS NECESSARY:**

24 **(I) BECAUSE OF A CHANGE IN THE PHYSIOLOGICAL CONDITION**  
25 **OF THE PATIENT;**

26 **(II) UNLESS NECESSITATED BY MISUSE, BECAUSE OF AN**  
27 **IRREPARABLE CHANGE IN THE CONDITION OF THE PROSTHESIS OR A COMPONENT**  
28 **OF THE PROSTHESIS; OR**

29 **(III) UNLESS NECESSITATED BY MISUSE, BECAUSE THE**  
30 **CONDITION OF THE PROSTHESIS OR THE COMPONENT OF THE PROSTHESIS**  
31 **REQUIRES REPAIRS AND THE COST OF THE REPAIRS WOULD BE MORE THAN 60% OF**

1 THE COST OF REPLACING THE PROSTHESIS OR THE COMPONENT OF THE  
2 PROSTHESIS.

3 (2) AN ENTITY SUBJECT TO THIS SECTION MAY REQUIRE AN  
4 ORDERING HEALTH CARE PROVIDER TO CONFIRM THAT THE PROSTHESIS OR  
5 COMPONENT OF THE PROSTHESIS BEING REPLACED MEETS THE REQUIREMENTS OF  
6 PARAGRAPH (1) OF THIS SUBSECTION IF THE PROSTHESIS OR COMPONENT IS LESS  
7 THAN 3 YEARS OLD.

8 ~~(E) AN ENTITY SUBJECT TO THIS SECTION SHALL CONSIDER THE COVERED~~  
9 ~~BENEFITS UNDER THIS SECTION HABILITATIVE OR REHABILITATIVE BENEFITS FOR~~  
10 ~~PURPOSES OF ANY FEDERAL OR STATE REQUIREMENT FOR COVERAGE OF~~  
11 ~~ESSENTIAL HEALTH BENEFITS.~~

12 [(d)] ~~(F)~~ (E) The covered benefits under this section may not be subject to:

13 ~~(1) SEPARATE FINANCIAL REQUIREMENTS THAT ARE APPLICABLE~~  
14 ~~ONLY WITH RESPECT TO THAT COVERAGE; OR~~

15 ~~(2)~~ a higher copayment or coinsurance requirement than the copayment or  
16 coinsurance for [primary care] OTHER SIMILAR MEDICAL AND SURGICAL benefits  
17 covered under the policy or contract of the insured or enrollee ~~THAT RELATE TO PRIMARY~~  
18 ~~CARE OR INPATIENT PHYSICIAN OR SURGICAL SERVICES.~~

19 [(e)] ~~(G)~~ (F) An entity subject to this section may not impose an annual or lifetime  
20 dollar maximum on coverage required under this section separate from any annual or  
21 lifetime dollar maximum that applies in the aggregate to all covered benefits under the  
22 policy or contract of the insured or enrollee.

23 [(f)] ~~(H)~~ (G) (1) An entity subject to this section may not establish requirements  
24 for medical necessity or appropriateness for the coverage required under this section that  
25 are more restrictive than the indications and limitations of coverage and medical necessity  
26 established under the Medicare Coverage Database.

27 (2) THE COVERED BENEFITS UNDER THIS SECTION INCLUDE  
28 ~~PROSTHESES IF THE TREATING PHYSICIAN DETERMINES THAT THE PROSTHESIS IS~~  
29 DETERMINED BY A TREATING HEALTH CARE PROVIDER TO BE MEDICALLY  
30 NECESSARY FOR:

31 (I) COMPLETING ACTIVITIES OF DAILY LIVING;

32 (II) ESSENTIAL JOB-RELATED ACTIVITIES; OR

33 (III) PERFORMING PHYSICAL ACTIVITIES, INCLUDING RUNNING,  
34 BIKING, SWIMMING, STRENGTH TRAINING, AND OTHER ACTIVITIES TO MAXIMIZE

1 THE WHOLE-BODY HEALTH AND LOWER OR UPPER LIMB FUNCTION OF THE INSURED  
2 OR ENROLLEE.

3 ~~(I) AN ENTITY SUBJECT TO THIS SECTION SHALL RENDER UTILIZATION~~  
4 ~~REVIEW DETERMINATIONS IN A NONDISCRIMINATORY MANNER AND MAY NOT DENY~~  
5 ~~COVERAGE FOR BENEFITS REQUIRED UNDER THIS SECTION SOLELY ON THE BASIS~~  
6 ~~OF AN INSURED'S OR ENROLLEE'S ACTUAL OR PERCEIVED DISABILITY.~~

7 ~~(J) AN ENTITY SUBJECT TO THIS SECTION MAY NOT DENY BENEFITS~~  
8 ~~REQUIRED UNDER THIS SECTION FOR AN INDIVIDUAL WITH LIMB LOSS OR ABSENCE~~  
9 ~~THAT WOULD OTHERWISE BE COVERED FOR A NONDISABLED PERSON SEEKING~~  
10 ~~MEDICAL OR SURGICAL INTERVENTION TO RESTORE OR MAINTAIN THE ABILITY TO~~  
11 ~~PERFORM THE SAME PHYSICAL ACTIVITY.~~

12 ~~(K) AN ENTITY SUBJECT TO THIS SECTION SHALL INCLUDE LANGUAGE~~  
13 ~~DESCRIBING THE INSURED'S OR ENROLLEE'S RIGHTS UNDER SUBSECTIONS (I) AND~~  
14 ~~(J) OF THIS SECTION IN ITS EVIDENCE OF COVERAGE AND ANY BENEFIT DENIAL~~  
15 ~~LETTER.~~

16 ~~(L) (1) AN ENTITY SUBJECT TO THIS SECTION SHALL ENSURE ACCESS TO~~  
17 ~~AT LEAST TWO DISTINCT PROSTHESIS PROVIDERS IN THE ENTITY'S PROVIDER~~  
18 ~~NETWORK IN THE STATE FOR PROSTHESES, PROSTHESIS TECHNOLOGY, AND~~  
19 ~~MEDICALLY NECESSARY CLINICAL CARE FOR PROSTHESES.~~

20 ~~(2) (I) IN THE EVENT THAT THE BENEFITS REQUIRED UNDER THIS~~  
21 ~~SECTION ARE NOT AVAILABLE FROM AN IN-NETWORK PROVIDER, AN ENTITY~~  
22 ~~SUBJECT TO THIS SECTION SHALL PROVIDE PROCESSES TO REFER AN INSURED OR~~  
23 ~~ENROLLEE TO AN OUT-OF-NETWORK PROVIDER.~~

24 ~~(H) 1. AN ENTITY SUBJECT TO THIS SECTION SHALL~~  
25 ~~REIMBURSE AN OUT-OF-NETWORK PROVIDER AT A MUTUALLY AGREED-ON RATE~~  
26 ~~AFTER SUBTRACTING ANY COST-SHARING REQUIREMENTS OF AN INSURED OR~~  
27 ~~ENROLLEE.~~

28 ~~2. COST-SHARING REQUIREMENTS OF AN INSURED OR~~  
29 ~~ENROLLEE UNDER SUBSUBPARAGRAPH 1 OF THIS SUBPARAGRAPH SHALL BE~~  
30 ~~DETERMINED AS IF THE BENEFITS WERE PROVIDED BY AN IN-NETWORK PROVIDER.~~

31 (H) AN ENTITY SUBJECT TO THIS SECTION THAT USES A PROVIDER PANEL  
32 FOR A POLICY OR CONTRACT DESCRIBED IN SUBSECTION (B) OF THIS SECTION AND  
33 THE PROVISION OF COVERED BENEFITS UNDER THIS SECTION SHALL COMPLY WITH  
34 § 15-112(B)(3) OF THIS TITLE.



1        SECTION 2. AND BE IT FURTHER ENACTED, That it is the intent of the General  
2 Assembly that Section 1 of this Act may not be construed to require managed care  
3 organizations under the Maryland Medical Assistance Program to cover additional  
4 Healthcare Common Procedure Coding System (HCPCS) “L” codes for prosthetic  
5 procedures and devices than are covered by managed care organizations as of December  
6 31, 2024.

7        SECTION ~~2~~ 3. AND BE IT FURTHER ENACTED, That:

8        (a) On or before June 30, 2030, each entity that is subject to ~~§§ 15-820 and~~  
9 ~~15-844 § 15-844~~ of the Insurance Article, as enacted by Section 1 of this Act, and each  
10 managed care organization providing coverage under the Maryland Medical Assistance  
11 Program shall report to the Maryland Insurance Administration and the Maryland  
12 Department of Health, respectively, on its compliance with ~~§§ 15-820 and 15-844 § 15-844~~  
13 of the Insurance Article or § 15-103(a)(2)(xxiv) of the Health – General Article, as enacted  
14 by Section 1 of this Act and as applicable, for calendar years 2025 through 2028.

15        (b) (1) The report required under subsection (a) of this section shall be in a  
16 form prescribed jointly by the Maryland Insurance Administration and the Maryland  
17 Department of Health.

18        (2) The form shall include the number of claims and the total amount of  
19 claims paid in the State for the coverage required by ~~§§ 15-820 and 15-844 § 15-844~~ of the  
20 Insurance Article or § 15-103(a)(2)(xxiv) of the Health – General Article, as enacted by  
21 Section 1 of this Act and as applicable.

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

25        (2) On or before December 31, 2030, the Maryland Insurance  
26 Administration and the Maryland Department of Health shall submit the joint report to  
27 the Senate Finance Committee and the House Health and Government Operations  
28 Committee, in accordance with § 2-1257 of the State Government Article.

29        SECTION 4. AND BE IT FURTHER ENACTED, That:

30        (a) The Maryland Health Care Commission and the Maryland Department of  
31 Health, in consultation with the Maryland Insurance Administration, shall review  
32 utilization of “L” codes and related codes within the All-Payer Claims Database and  
33 evaluate the cost impact of requiring coverage for orthoses, including medically necessary  
34 activity-specific orthoses, by the Maryland Medical Assistance Program and commercial  
35 health insurance plans.

36        (b) On or before December 1, 2024, the Maryland Health Care Commission and  
37 the Maryland Department of Health shall report the findings of the review required under  
38 subsection (a) of this section, in accordance with § 2-1257 of the State Government Article,

1 to the Senate Finance Committee, the Senate Budget and Taxation Committee, the House  
2 Health and Government Operations Committee, and the House Appropriations Committee.

3 SECTION ~~3~~ 5. AND BE IT FURTHER ENACTED, That Section 1 of this Act shall  
4 apply to all policies, contracts, and health benefit plans issued, delivered, or renewed in the  
5 State on or after January 1, 2025.

6 SECTION ~~4~~ 6. AND BE IT FURTHER ENACTED, That this Act shall take effect  
7 January 1, 2025.

Approved:

\_\_\_\_\_  
Governor.

\_\_\_\_\_  
Speaker of the House of Delegates.

\_\_\_\_\_  
President of the Senate.