

SENATE BILL 614

J5, J1

4r1551
CF HB 865

By: ~~Senators Beidle and Elfreth~~, **Elfreth, Ellis, Gile, Hayes, Hershey, Klausmeier, Kramer, Lam, Ready, and A. Washington**

Introduced and read first time: January 26, 2024

Assigned to: Finance

Committee Report: Favorable with amendments

Senate action: Adopted

Read second time: March 2, 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)

20 BY repealing and reenacting, with amendments,
21 Article – Health – General
22 Section 15–103(a)(2)(xxii) and (xxiii)

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 Annotated Code of Maryland
2 (2023 Replacement Volume)

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

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

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

15 **Article – Health – General**

16 15–103.

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

19 (2) The Program:

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

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

25 **(XXIV) BEGINNING ON JANUARY 1, 2025, SHALL PROVIDE**
26 **COVERAGE FOR ORTHOSES AND PROSTHESES IN ACCORDANCE WITH ~~§§ 15–820 AND~~**
27 **~~15–844~~ § 15–844 OF THE INSURANCE ARTICLE.**

28 **Article – Insurance**

29 ~~15–820.~~

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

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

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

5 ~~(B) THIS SECTION APPLIES TO:~~

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

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

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

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

23 ~~(I) BECAUSE OF A CHANGE IN THE PHYSIOLOGICAL CONDITION~~
24 ~~OF THE PATIENT;~~

25 ~~(II) BECAUSE OF AN IRREPARABLE CHANGE IN THE CONDITION~~
26 ~~OF THE ORTHOSIS OR A COMPONENT OF THE ORTHOSIS; OR~~

27 ~~(III) BECAUSE THE CONDITION OF THE ORTHOSIS OR A~~
28 ~~COMPONENT OF THE ORTHOSIS REQUIRES REPAIRS AND THE COST OF THE REPAIRS~~
29 ~~WOULD BE MORE THAN 60% OF THE COST OF REPLACING THE ORTHOSIS OR THE~~
30 ~~COMPONENT OF THE ORTHOSIS.~~

31 ~~(2) AN ENTITY SUBJECT TO THIS SECTION MAY REQUIRE AN~~
32 ~~ORDERING HEALTH CARE PROVIDER TO CONFIRM THAT THE ORTHOSIS OR~~
33 ~~COMPONENT OF THE ORTHOSIS BEING REPLACED MEETS THE REQUIREMENTS OF~~

1 ~~PARAGRAPH (1) OF THIS SUBSECTION IF THE ORTHOSIS OR COMPONENT IS LESS~~
2 ~~THAN 3 YEARS OLD.~~

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

29 15-844.

30 (a) (1) In this section, ~~["prosthetic device" means~~ "PROSTHESIS" MEANS an
31 artificial device to replace, in whole or in part, a leg, an arm, or an eye] ~~"PROSTHESIS"~~
32 ~~MEANS A CUSTOM DESIGNED, FABRICATED, FITTED, OR MODIFIED DEVICE TO TREAT~~
33 ~~PARTIAL OR TOTAL LIMB LOSS FOR PURPOSES OF RESTORING PHYSIOLOGICAL~~
34 ~~FUNCTION OR COSMESIS.~~

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

4 (b) This section applies to:

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

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

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

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

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

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

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

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

22 **(I) BECAUSE OF A CHANGE IN THE PHYSIOLOGICAL CONDITION**
23 **OF THE PATIENT;**

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

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

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

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

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

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

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

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

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

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

29 **(I)** COMPLETING ACTIVITIES OF DAILY LIVING;

30 **(II)** ESSENTIAL JOB-RELATED ACTIVITIES; OR

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

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

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

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

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

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

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

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

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

SECTION 2. AND BE IT FURTHER ENACTED, That it is the intent of the General Assembly that Section 1 of this Act may not be construed to require managed care organizations under the Maryland Medical Assistance Program to cover additional Healthcare Common Procedure Coding System (HCPCS) "L" codes for prosthetic

1 procedures and devices than are covered by managed care organizations as of December
2 31, 2024.

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

4 (a) On or before June 30, 2030, each entity that is subject to ~~§§ 15-820 and~~
5 ~~15-844~~ § 15-844 of the Insurance Article, as enacted by Section 1 of this Act, and each
6 managed care organization providing coverage under the Maryland Medical Assistance
7 Program shall report to the Maryland Insurance Administration and the Maryland
8 Department of Health, respectively, on its compliance with ~~§§ 15-820 and 15-844~~ § 15-844
9 of the Insurance Article or § 15-103(a)(2)(xxiv) of the Health – General Article, as enacted
10 by Section 1 of this Act and as applicable, for calendar years 2025 through 2028.

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

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

18 (c) (i) The Maryland Insurance Administration and the Maryland
19 Department of Health shall aggregate the data required under subsection (b) of this section
20 by calendar year in a joint report.

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

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

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

32 (b) On or before December 1, 2024, the Maryland Health Care Commission and
33 the Maryland Department of Health shall report the findings of the review required under
34 subsection (a) of this section, in accordance with § 2-1257 of the State Government Article,
35 to the Senate Finance Committee, the Senate Budget and Taxation Committee, the House
36 Health and Government Operations Committee, and the House Appropriations Committee.

1 SECTION ~~2~~ 5. AND BE IT FURTHER ENACTED, That Section 1 of this Act shall
2 apply to all policies, contracts, and health benefit plans issued, delivered, or renewed in the
3 State on or after January 1, 2025.

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

Approved:

Governor.

President of the Senate.

Speaker of the House of Delegates.