

HB0865/283426/1

BY: Health and Government Operations Committee

AMENDMENTS TO HOUSE BILL 865

(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in the sponsor line, strike “**and Woods**” and substitute “**Woods, Bhandari, Chisholm, Cullison, Guzzone, Hill, Hutchinson, S. Johnson, Kaiser, Kerr, Kipke, Lopez, M. Morgan, Pena-Melnyk, Reilly, Rosenberg, Szeliga, Taveras, and White Holland**”; in line 3, strike “**Orthoses and**”; after line 3, insert:

“(So Every Body Can Move Act)”;

in line 6, strike “orthoses and”; strike beginning with “requiring” in line 6 down through “benefits” in line 10 and substitute “establishing that certain insurers, nonprofit health service plans, and health maintenance organizations must comply with certain provider network requirements”; and in line 11, strike “orthoses and”.

On page 2, in line 3, strike “15-820 and”.

AMENDMENT NO. 2

On page 2, in line 19, strike “**ORTHOSES AND**”; and in lines 19 and 20, strike “**§§ 15-820 AND 15-844**” and substitute “**§ 15-844**”.

On pages 2 through 5, strike in their entirety the lines beginning with line 22 on page 2 through line 22 on page 5, inclusive.

On page 5, in line 24, after “(a)” insert “**(1)**”; in the same line, strike beginning with the opening bracket through “means” and substitute “**“PROSTHESIS” MEANS**”; strike beginning with the closing bracket in line 25 down through “**COSMESIS**” in line 27; and after line 27, insert:

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

On page 6, in line 1, after “provide” insert “ONCE ANNUALLY”; in lines 8 and 9, strike “**WITHOUT REGARD TO CONTINUOUS USE OR USEFUL LIFETIME RESTRICTIONS**”; in line 14, after “**(II)**” insert “UNLESS NECESSITATED BY MISUSE,”; in line 16, after “**(III)**” insert “UNLESS NECESSITATED BY MISUSE,”; strike lines 25 through 28, inclusive; and in line 29, strike “**(F)**” and substitute “**(E)**”.

On pages 6 and 7, strike beginning with the colon in line 29 on page 6 down through “**(2)**” in line 1 on page 7.

On page 7, in line 2, before “benefits” insert “OTHER SIMILAR MEDICAL AND SURGICAL”; strike beginning with “**THAT**” in line 3 down through “**SERVICES**” in line 4; in lines 5 and 9, strike “**(G)**” and “**(H)**”, respectively, and substitute “**(F)**” and “**(G)**”, respectively; in line 14, strike “**IF THE TREATING PHYSICIAN DETERMINES THAT THE PROSTHESIS IS**” and substitute “DETERMINED BY A TREATING HEALTH CARE PROVIDER TO BE”; and strike lines 22 through 34, inclusive.

On page 8, strike in their entirety lines 1 through 15, inclusive, and substitute:

“(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.”

AMENDMENT NO. 3

On page 8, before line 16, insert:

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“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 procedures and devices than are covered by managed care organizations as of December 31, 2024.”;

in line 16, strike “2.” and substitute “3.”; in lines 17 and 18, strike “§§ 15–820 and 15–844” and substitute “§ 15–844”; and in lines 21 and 28, in each instance, strike “§§ 15–820 and 15–844” and substitute “§ 15–844”.

On page 9, after line 2, insert:

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

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

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

and in lines 3 and 6, strike “3.” and “4.”, respectively, and substitute “5.” and “6.”, respectively.