

HOUSE BILL 445

J5, J1, J4

6lr1841
CF SB 276

By: **Delegates Martinez, Acevero, Cullison, and Young**

Introduced and read first time: January 23, 2026

Assigned to: Health

A BILL ENTITLED

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; establishing that certain insurers,
8 nonprofit health service plans, and health maintenance organizations must comply
9 with certain provider network requirements; clarifying that certain mandated
10 benefits related to prostheses include all prostheses determined by a treating health
11 care provider to be medically necessary for certain purposes; and generally relating
12 to coverage and reimbursement for orthoses and prostheses.

13 BY repealing and reenacting, without amendments,
14 Article – Health – General
15 Section 15–103(a)(1)
16 Annotated Code of Maryland
17 (2023 Replacement Volume and 2025 Supplement)

18 BY repealing and reenacting, with amendments,
19 Article – Health – General
20 Section 15–103(a)(2)(xxvii) and (xxviii)
21 Annotated Code of Maryland
22 (2023 Replacement Volume and 2025 Supplement)

23 BY adding to
24 Article – Health – General
25 Section 15–103(a)(2)(xxix)
26 Annotated Code of Maryland
27 (2023 Replacement Volume and 2025 Supplement)

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



BY repealing and reenacting, with amendments,
Article – Insurance
Section 15–820 and 15–844(g)
Annotated Code of Maryland
(2017 Replacement Volume and 2025 Supplement)

BY repealing and reenacting, without amendments,
Article – Insurance
Section 15–844(a) through (c)
Annotated Code of Maryland
(2017 Replacement Volume and 2025 Supplement)

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

Article – Health – General

15–103.

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

(2) The Program:

(xxvii) Beginning on January 1, 2026, if providing coverage for the delivery of anesthesia, shall provide coverage for the delivery of anesthesia in accordance with § 15–862 of the Insurance Article; [and]

(xxviii) Beginning on January 1, 2026, shall provide calcium score testing in accordance with § 15–863 of the Insurance Article; AND

(XXIX) BEGINNING ON JANUARY 1, 2027, SHALL PROVIDE COVERAGE FOR ORTHOSES IN ACCORDANCE WITH § 15–820 OF THE INSURANCE ARTICLE.

Article – Insurance

15–820.

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

[(1)] (I) support a weak or [deformed] MISALIGNED body member; or

1 [(2)] (II) restrict or eliminate motion [in a diseased or injured part of the
2 body], IMPROVE FUNCTION, OR RELIEVE SYMPTOMS OF A DISEASE, AN INJURY, OR A
3 POST-OPERATIVE CONDITION IN A PART OF THE BODY.

4 (2) "ORTHOSIS" INCLUDES A CUSTOM-DESIGNED,
5 CUSTOM-FABRICATED, CUSTOM-MOLDED, CUSTOM-FITTED, OR MODIFIED DEVICE
6 TO TREAT A NEUROMUSCULAR OR MUSCULOSKELETAL DISORDER OR ACQUIRED
7 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 for orthopedic braces] ONCE
19 ANNUALLY COVERAGE FOR:

20 (1) ORTHOSES;

21 (2) COMPONENTS OF ORTHOSES;

22 (3) REPAIRS TO ORTHOSES; AND

23 (4) SUBJECT TO SUBSECTION (D) OF THIS SECTION, REPLACEMENTS
24 OF ORTHOSES OR ORTHOSIS COMPONENTS.

25 (D) (1) AN ENTITY SUBJECT TO THIS SECTION SHALL PROVIDE
26 COVERAGE FOR REPLACEMENTS OF ORTHOSES WITHOUT REGARD TO CONTINUOUS
27 USE OR USEFUL LIFETIME RESTRICTIONS IF AN ORDERING HEALTH CARE PROVIDER
28 DETERMINES THAT THE PROVISION OF A REPLACEMENT ORTHOSIS OR A
29 REPLACEMENT COMPONENT OF THE ORTHOSIS IS NECESSARY:

30 (I) BECAUSE OF A CHANGE IN THE PHYSIOLOGICAL CONDITION
31 OF THE PATIENT; OR

1 (II) UNLESS NECESSITATED BY MISUSE, BECAUSE OF AN
2 IRREPARABLE CHANGE IN THE CONDITION OF THE ORTHOSIS OR A COMPONENT OF
3 THE ORTHOSIS.

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

9 (E) THE COVERED BENEFITS UNDER THIS SECTION MAY NOT BE SUBJECT
10 TO A HIGHER COPAYMENT OR COINSURANCE REQUIREMENT THAN THE COPAYMENT
11 OR COINSURANCE FOR OTHER SIMILAR MEDICAL AND SURGICAL BENEFITS
12 COVERED UNDER THE POLICY OR CONTRACT OF THE INSURED OR ENROLLEE.

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

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

23 (2) THE COVERED BENEFITS UNDER THIS SECTION INCLUDE ALL
24 ORTHOSES DETERMINED BY A TREATING HEALTH CARE PROVIDER TO BE
25 MEDICALLY NECESSARY FOR:

26 (I) COMPLETING ACTIVITIES OF DAILY LIVING;

27 (II) ESSENTIAL JOB-RELATED ACTIVITIES; OR

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

32 (H) AN ENTITY SUBJECT TO THIS SECTION THAT USES A PROVIDER PANEL
33 FOR A POLICY OR CONTRACT DESCRIBED IN SUBSECTION (B) OF THIS SECTION AND

1 THE PROVISION OF COVERED BENEFITS UNDER THIS SECTION SHALL COMPLY WITH
2 § 15–112(B)(3) OF THIS TITLE.

3 15–844.

4 (a) (1) In this section, “prosthesis” means an artificial device to replace, in
5 whole or in part, a leg, an arm, or an eye.

6 (2) “Prosthesis” includes a custom–designed, –fabricated, –fitted, or
7 –modified device to treat partial or total limb loss for purposes of restoring physiological
8 function.

9 (b) This section applies to:

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

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

16 (c) An entity subject to this section shall provide once annually coverage for:

17 (1) prostheses;

18 (2) components of prostheses;

19 (3) repairs to prostheses; and

20 (4) subject to subsection (d) of this section, replacements of prostheses or
21 prosthesis components.

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

26 (2) The covered benefits under this section include ALL prostheses
27 determined by a treating health care provider to be medically necessary for:

28 (i) completing activities of daily living;

29 (ii) essential job–related activities; or

(iii) performing physical activities, including running, biking, swimming, strength training, and other activities to maximize the whole-body health and lower or upper limb function of the insured or enrollee.

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 orthotic procedures and devices than are covered by managed care organizations as of December 31, 2026.

SECTION 3. AND BE IT FURTHER ENACTED, That:

(a) On or before June 30, 2032, each entity that is subject to § 15–820 of the Insurance Article, as enacted by Section 1 of this Act, and each managed care organization providing coverage under the Maryland Medical Assistance Program shall report to the Maryland Insurance Administration and the Maryland Department of Health, respectively, on its compliance with § 15–820 of the Insurance Article or § 15–103(a)(2)(xxix) of the Health – General Article, as enacted by Section 1 of this Act, and, as applicable, for calendar years 2027 through 2030.

(b) (1) The Maryland Insurance Administration and the Maryland Department of Health shall jointly prescribe the form for the report required under subsection (a) of this section.

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

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

(2) On or before December 31, 2032, the Maryland Insurance Administration and the Maryland Department of Health shall submit the joint report to the Senate Finance Committee and the House Health and Government Operations Committee, in accordance with § 2–1257 of the State Government Article.

SECTION 4. AND BE IT FURTHER ENACTED, That Section 1 of this Act shall apply to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or after January 1, 2027.

SECTION 5. AND BE IT FURTHER ENACTED, That this Act shall take effect January 1, 2027.