

HOUSE BILL 445

J5, J1, J4

6lr1841
CF SB 276

By: Delegates Martinez, Acevero, Cullison, ~~and Young~~ Young, Alston, Bagnall, Guzzone, Hill, Hutchinson, S. Johnson, Kaufman, Kipke, Lopez, Reilly, Rosenberg, Ross, Taveras, White Holland, and Woorman

Introduced and read first time: January 23, 2026

Assigned to: Health

Committee Report: Favorable with amendments

House action: Adopted

Read second time: February 18, 2026

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; 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

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 (2023 Replacement Volume and 2025 Supplement)

2 BY adding to

3 Article – Health – General

4 Section 15–103(a)(2)(xxix)

5 Annotated Code of Maryland

6 (2023 Replacement Volume and 2025 Supplement)

7 BY repealing and reenacting, with amendments,

8 Article – Insurance

9 Section 15–820 and 15–844(g)

10 Annotated Code of Maryland

11 (2017 Replacement Volume and 2025 Supplement)

12 BY repealing and reenacting, without amendments,

13 Article – Insurance

14 Section 15–844(a) through (c)

15 Annotated Code of Maryland

16 (2017 Replacement Volume and 2025 Supplement)

17 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,

18 That the Laws of Maryland read as follows:

19 **Article – Health – General**

20 15–103.

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

23 (2) The Program:

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

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

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

32 **Article – Insurance**

33 15–820.

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

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

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

7 (2) "ORTHOSIS" INCLUDES A CUSTOM-DESIGNED,
8 CUSTOM-FABRICATED, CUSTOM-MOLDED, CUSTOM-FITTED, OR MODIFIED DEVICE
9 TO TREAT A NEUROMUSCULAR ~~OR~~, MUSCULOSKELETAL ~~DISORDER OR~~, ACQUIRED,
10 OR CONGENITAL CONDITION.

11 (B) THIS SECTION APPLIES TO:

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

16 (2) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE
17 HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS UNDER
18 CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE.

19 [(b)] (C) [Each health insurance contract that is delivered or issued for delivery
20 in the State by a nonprofit health service plan and that provides hospital benefits] AN
21 ENTITY SUBJECT TO THIS SECTION shall provide [benefits for orthopedic braces] ONCE
22 ANNUALLY COVERAGE FOR:

23 (1) ORTHOSES;

24 (2) COMPONENTS OF ORTHOSES;

25 (3) REPAIRS TO ORTHOSES; AND

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

28 (D) (1) AN ENTITY SUBJECT TO THIS SECTION SHALL PROVIDE
29 COVERAGE FOR REPLACEMENTS OF ORTHOSES WITHOUT REGARD TO CONTINUOUS
30 USE OR USEFUL LIFETIME RESTRICTIONS IF AN ORDERING HEALTH CARE PROVIDER

1 DETERMINES THAT THE PROVISION OF A REPLACEMENT ORTHOSIS OR A
2 REPLACEMENT COMPONENT OF THE ORTHOSIS IS NECESSARY:

3 (I) BECAUSE OF A CHANGE IN THE PHYSIOLOGICAL CONDITION
4 OF THE PATIENT; OR

5 (II) UNLESS NECESSITATED BY MISUSE, BECAUSE OF AN
6 IRREPARABLE CHANGE IN THE CONDITION OF THE ORTHOSIS OR A COMPONENT OF
7 THE ORTHOSIS.

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

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

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

22 (G) (1) AN ENTITY SUBJECT TO THIS SECTION MAY NOT ESTABLISH
23 REQUIREMENTS FOR MEDICAL NECESSITY OR APPROPRIATENESS FOR THE
24 COVERAGE REQUIRED UNDER THIS SECTION THAT ARE MORE RESTRICTIVE THAN
25 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 ALL
28 ORTHOSES DETERMINED BY A TREATING HEALTH CARE PROVIDER TO BE
29 MEDICALLY NECESSARY FOR:

30 (I) COMPLETING ACTIVITIES OF DAILY LIVING;

31 (II) ESSENTIAL JOB-RELATED ACTIVITIES; OR

32 (III) PERFORMING PHYSICAL ACTIVITIES INCLUDING RUNNING,
33 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 (H) AN ENTITY SUBJECT TO THIS SECTION THAT USES A PROVIDER PANEL
4 FOR A POLICY OR CONTRACT DESCRIBED IN SUBSECTION (B) OF THIS SECTION AND
5 THE PROVISION OF COVERED BENEFITS UNDER THIS SECTION SHALL COMPLY WITH
6 § 15-112(B)(3) OF THIS TITLE.

7 15-844.

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

10 (2) “Prosthesis” includes a custom-designed, -fabricated, -fitted, or
11 -modified device to treat partial or total limb loss for purposes of restoring physiological
12 function.

13 (b) This section applies to:

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

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

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

21 (1) prostheses;

22 (2) components of prostheses;

23 (3) repairs to prostheses; and

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

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

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

- 1 (i) completing activities of daily living;
- 2 (ii) essential job-related activities; or
- 3 (iii) performing physical activities, including running, biking,
4 swimming, strength training, and other activities to maximize the whole-body health and
5 lower or upper limb function of the insured or enrollee.

6 SECTION 2. AND BE IT FURTHER ENACTED, That it is the intent of the General
7 Assembly that Section 1 of this Act may not be construed to require managed care
8 organizations under the Maryland Medical Assistance Program to cover additional
9 Healthcare Common Procedure Coding System (HCPCS) “L” codes for orthotic procedures
10 and devices than are covered by managed care organizations as of December 31, 2026.

11 SECTION 3. AND BE IT FURTHER ENACTED, That:

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

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

22 (2) The form must include the number of claims and the total amount of
23 claims paid in the State for the coverage required by § 15–820 of the Insurance Article or §
24 15–103(a)(2)(xxix) of the Health – General Article, as enacted by Section 1 of this Act, and
25 as applicable.

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

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

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

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

Approved:

Governor.

Speaker of the House of Delegates.

President of the Senate.