

SENATE BILL 276

J5, J1, J4

6lr1415
CF 6lr1841

By: **Senators Beidle, Gile, and Hettleman**
Introduced and read first time: January 19, 2026
Assigned to: Finance

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.



1 BY repealing and reenacting, with amendments,
2 Article – Insurance
3 Section 15–820 and 15–844(g)
4 Annotated Code of Maryland
5 (2017 Replacement Volume and 2025 Supplement)

6 BY repealing and reenacting, without amendments,
7 Article – Insurance
8 Section 15–844(a) through (c)
9 Annotated Code of Maryland
10 (2017 Replacement Volume and 2025 Supplement)

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

13 **Article – Health – General**

14 15–103.

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

17 (2) The Program:

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

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

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

26 **Article – Insurance**

27 15–820.

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

30 [(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) "ORTHOSES" 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**

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.

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.

(D) COMPLETING ACTIVITIES OF DAILY LIVING:

27 (II) ESSENTIAL JOB-RELATED ACTIVITIES; OR

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.

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

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

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

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

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

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

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