SENATE BILL 276

J5, J1, J4 6lr1415
CF HB 445

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

Committee Report: Favorable with amendments
Senate action: Adopted
Read second time: February 12, 2026

CHAPTER _____

AN ACT concerning

Maryland Medical Assistance Program and Health Insurance – Coverage for Orthoses and Prostheses
(So Every Body Can Move Act)

FOR the purpose of requiring the Maryland Medical Assistance Program and certain insurers, nonprofit health service plans, and health maintenance organizations to provide certain coverage related to orthoses; establishing that certain insurers, nonprofit health service plans, and health maintenance organizations must comply with certain provider network requirements; clarifying that certain mandated benefits related to prostheses include all prostheses determined by a treating health care provider to be medically necessary for certain purposes; and generally relating to coverage and reimbursement for orthoses and prostheses.

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

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

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.

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

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

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

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

(B) THIS SECTION APPLIES TO:

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

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

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

(1) ORTHOSES;

(2) COMPONENTS OF ORTHOSES;

(3) REPAIRS TO ORTHOSES; AND

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

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

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

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

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

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

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

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

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

(I) COMPLETING ACTIVITIES OF DAILY LIVING;

(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.

(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.

15–844.

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

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

(b) This section applies to:

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

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

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

(1) prostheses;

(2) components of prostheses;

(3) repairs to prostheses; and

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

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

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

(i) completing activities of daily living;

(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.