Date: February 13, 2024
To: Chair Beidle and Vice Chair Klausmeier of the Finance Committee
Reference: Senate Bill 614, Maryland Medical Assistance Program and Health Insurance - Coverage for
Orthoses and Prostheses
Position: FAVORABLE

My name is Lukas Baner and I am writing in favor of SB0614. I live in Baltimore, Maryland, and I am a Certified Prosthetics & Orthotics Technician at Dankmeyer, Inc, a O&P provider in Maryland. My job is to fabricate custom fitting prosthetic and orthotic devices for patients. The patients seen in our office include disabled people who need custom braces to support limbs that are not functioning properly; and people with limb differences, with whom I provide prosthetics to replace arms or legs.

I entered this profession with the primary goal of helping people regain basic functions like walking, eating and other daily activities. Every day, the orthoses and prostheses I fabricate lead to success stories. I helped fabricate a right and left prosthesis that allowed the patient to walk down the hallway after coming into the office in a wheelchair. Watching her smile made all the hard work worth it.

Prosthetics and orthotics are never one-size-fits-all. In fact, many amputees cannot achieve their goals with a single orthosis, prosthetic arm, or prosthetic leg, which is all that is covered by most health insurers. When fabricating a device, I use a mold that is a direct replica of the patient's anatomy. No patient limb is ever the same size or shape. Some patients even have specialized surgeries, medical conditions or congenital defects that I as a technician have to accommodate and keep in consideration when fabricating a device.

With a typical walking transtibial or below knee prosthesis you have a custom socket that fits to the patient's leg and then the metal components are attached to the bottom of the limb with a prosthetic foot. Another option is to use the same socket and instead of the components being attached to the bottom of the limb, you attach a high activity carbon fiber blade to the back of the socket near the calf. As a technician I have to approach these two devices very differently. The walking prosthesis needs to have different properties to it then the carbon fiber running blade. Both need to be strong enough to handle the patient's size and weight but particularly the running blade needs to be strong enough to withstand the dynamic

forces that the patient puts on it when running and jumping. Each device needs to be designed to prevent device failure and possible patient injury.

I use different materials depending on what the end result needs. Materials like carbon fiber, nylon and glass fibers along with epoxy and acrylic resins are used to achieve different flexibility and rigidity in the sockets. Another thing I consider when making a socket is the direction of the fibers. Understanding the forces the patient exerts on the device allows me to use the braided and straight fibers to achieve different results. Along with different attaching components, a running blade is approached very differently than a skiing and snowboarding and so is a biking leg. Each activity requires a different socket and components but also a totally different approach in fabrication.

Please join me in supporting this bill if you believe that physical activity for everyone is medically necessary. Thank you for your consideration and support of the disability community in Maryland.