

SB614 - Medical Assistance - Coverage for Orthoses

Uploaded by: Andrew Nicklas

Position: FAV



February 14, 2024

To: The Senate Finance Committee

From: Adventist HealthCare

Re: SB614 – Maryland Medical Assistance Program and Health Insurance - Coverage for Orthoses and Prostheses

POSITION: SUPPORT

SB614 will require MD Medicaid and commercial insurance plans to cover prosthetic and orthotic devices necessary for physical activity. This bill will expand access to a range of orthotic and prosthetic devices that enable the user to engage in physical activity. Patients suffering from limb loss often struggle to engage in physical activity due to the limitations of their prosthetic device. Having access to the right prosthetic enables patients to engage in an active and healthy lifestyle.

Adventist HealthCare Rehabilitation serves many patients dealing with limb loss. Many are elderly and at a high risk of falls. Having access to more technologically advanced prostheses greatly reduces the risk of fall and subsequent injuries. For younger patients, access to prosthetics that can support physical activity is truly life changing. Children with disabilities are 4.5 times less likely to engage in physical activity than children without disabilities. Currently, less than 17.5% of youth with disabilities are meeting recommended daily physical activity levels. This places them at a higher risk of negative health outcomes like obesity. Having access to the right prosthetic will benefit all our patients, young and old.

Currently, patients must come out of pocket for more advanced prosthetics which is a significant financial burden on families, especially on those with fewer economic means. This bill would provide an equal opportunity for all our patients to access the prosthetics that best support their lifestyle. Access to the right prosthetics can help patients lead a safer, healthier, and more fulfilling life.

For these reasons, Adventist HealthCare supports SB614 and encourages the committee to give **a favorable report.**



Testimony - SB614 - Pollak - Sen Finance 2-14-24 F

Uploaded by: Andrew Pollak

Position: FAV



TO: Chair Beidle and Members, Senate Finance Committee

FROM: Andrew N. Pollak, MD, Chief Clinical Officer

DATE: February 14, 2024

RE: Testimony – SB614 *Maryland Medical Assistance Program and Health Insurance – Coverage for Orthoses and Protheses*

POSITION: FAVORABLE
February 14, 2024

Please accept these comments in **support** of **SB 614, *Maryland Medical Assistance Program and Health Insurance – Coverage for Orthoses and Protheses***. As an orthopedist for 30 years, it is difficult to overstate the importance of physical activity to the overall health and emotional wellbeing of my patients. While the benefits of regular exercise are widely known, time constraints and sometimes a lack of motivation make it challenging for many of us to get the hours we need. For some, however, those challenges are further complicated by the need for specialized prostheses or orthotics, without which the motivation and commitment of time to being physically active can be made meaningless.

Athletic activities such as running, swimming, and biking often require prostheses or orthoses that are engineered differently than those that support normal, daily activity. In addition, the more vigorous the exercise one is engaged in, the faster a device wears out and/or requires repair. Typically, insurance plans cover only one, basic orthosis or prosthesis. All too often, patients are unable to afford devices that are medically necessary to engage in competitive athletics or even general exercise in a safe and pain-free manner.

We know that individuals with limb loss are often more sedentary and we know the many, expensive health consequences of a sedentary lifestyle. Appropriate orthotic/prosthetic supports help to increase activity levels, which in turn improve both physical and psychological health.

Giving patients the ability to live full mobile lives not only impacts their physical health but also reduces pain and post-amputation depression. Without proper attention to full mobility, we often see lower levels of self-efficacy and motivation and greater degrees of anxiety, sadness, and self-consciousness among patients.

For these reasons, I support SB614, appreciate the opportunity to provide comments for the Committee's consideration and urge a **FAVORABLE** report.

Testimony on Maryland Senate Bill 614.pdf

Uploaded by: John-Edward Heath

Position: FAV

Testimony on Maryland Senate Bill 614

Maryland Medical Assistance Program and Health Insurance- Coverage for Orthoses and Protheses

To: Senator Beidle and the Finance Committee Members

Date: 02/14/2024

Position: Support/Favorable

Dear Senator Beidle and the Finance Committee Members:

My name is John-Edward Heath and I am a Left Below-the-knee amputee. I am a professional athlete (Paralympic and Adaptive CrossFit athlete), United States Marine Corps Veteran, Mentor, Coach, and Maryland native. I became an amputee on May 21, 2021, after getting injured in 2016 while still on active duty. Navy Medicine attempted to salvage my limb which caused me to undergo 13 lower extremity salvation surgeries and finally get approved for an amputation.

With my amputation, I regained my life once again, and having a mission and purpose, I would begin my road to recovery. It wasn't until I encountered my first issue as a fully disabled person that I got a true sense of what I would be up against for the rest of my life. I was released from the hospital 3 days post amputation and was told zero to no activity for the first 3 days of discharge. For my mental sanity, I was counting down the days until I was able to return to the gym, even if it was just for social interaction. I wanted to see how much of a recovery journey this was going to be, so I did a one-legged power clean and posted it on social media. The video would go viral and I received so many positive messages from so many people. However, the gym owner/manager did not agree, embarrassing me and discriminating against me, telling me I was a liability for training while not having a prosthesis. I posted a video about my feelings and the situation to social media, where I was surprised with hundreds of messages from disabled individuals telling me their own personal discrimination stories. This is where my advocacy began for the disabled community.

My experience as an amputee has been completely different from that of many individuals dealing with limb loss. I am an athlete by nature and with 10 years of service under my belt, I was to ensure I was in the best physical shape for Marine Corps standards and deployment. I have been around many amputees, many of whom became amputees from doing heroic actions in theater. The terms "amputation" and "amputee" are not foreign to me. I have witnessed individuals going from traumatic situations regain their lives and some regain a sense of normalcy. When it was my turn and amputation was my fate, I had many positive memories and hopes for my future.

That being said, in the 2 years and a half that I have been an amputee I have learned that access to this technology is not common to the everyday American citizen. I have learned that many amputees have not been physically active because quite frankly, it is too expensive to do so as a disabled person. That is why SB0614 and what it stands for is so important to me. It is

my job and duty as a leader, as a person with a missing limb, and as someone with a voice. A person with a disability should not have to request permission to be physically active. This initiative is larger than just providing equipment for those who are missing limbs. When we go through something as traumatic as losing a part of our body, when hope seems unlikely, we find the light at the end of the tunnel when we can run, lift, walk, and carry on.

You can give the power back to that child, the power to help that mother chase her children, or that grandparent be able to go run a 5k with their grandchildren. If this was your child or family member being told they cannot have a physically active prosthetic because it is not seen as a medical necessity, how would you respond?

Being physically active is not a luxury. I ask you to stand with me and the disability community and support SB0614.

John-Edward Heath

Maryland_SEBCM Letter of Support_AOPA-NAAOP-AAOP-A

Uploaded by: Kyle Stepp

Position: FAV

SO EVERYBODY CAN MOVE

Date: 02/14/2024

To: Senator Beidle and Senator Klausmeier of the Senate Finance Committee

Reference: SB 0614 | Maryland Medical Assistance Program and Health Insurance- Coverage for Orthoses and Prostheses

Position: Support/Favorable

Dear Senator Beidle, Senator Klausmeier and the Senate Finance Committee Members:

On behalf of the founding organizations taking the lead on the So Every BODY Can Move Initiative, we write to express our strong support for Maryland SB 0614/HB 0865, legislation that would advance coverage of custom orthotic and prosthetic (O&P) care for purposes of performing physical activities follows nondiscrimination standards.

Bringing So Every BODY Can Move – A National Mobility Movement – to Maryland

The accessible, quality care provided by SB 0614/HB 0865 is part of a national mobility movement known as So Every BODY Can Move. So Every BODY Can Move is a grassroots policy and advocacy initiative working to create equitable and life-changing access to O&P care necessary for physical activity for individuals with disabilities through state-by-state legislative change. Four national organizations serve as its founding partners including the American Orthotic & Prosthetic Association (AOPA), the National Association for the Advancement of Orthotics and Prosthetics (NAAOP), the American Academy of Orthotists and Prosthetists (AAOP), and the Amputee Coalition (AC). So Every BODY Can Move was born out of the need and desire to address a significant public health problem and disability rights issue in the United States today.

According to the Amputee Coalition's and Shirley Ryan AbilityLab's combined estimate of 4.7 million people in America with limb loss, limb difference, or orthosis users, there is an estimated 87,000 Marylanders with limb loss, limb difference and mobility impairments who are unable to access life-changing orthotic and prosthetic (O&P) care due to a lack of coverage and affordability in state and state-regulated commercial health plans, leaving them unable to fully participate in society. This is especially true for individuals who require prostheses and custom orthoses for physical activity, which are often deemed "not medically necessary." Without appropriate health coverage, adults, children, and families are forced to incur prohibitive out-of-pocket costs, risk harm or injury using an inappropriate device, or live without the benefits of

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appropriate O&P care, leading to sedentary lifestyles with costly secondary health complications and costs.

Physical Inactivity, Obesity, Chronic Loneliness, and Isolation are Costly – and People with Disabilities are Disproportionately at Risk

Physical inactivity increases the risk of heart disease, stroke, type 2 diabetes, and a number of cancers.¹ On top of this, obesity, chronic loneliness, and isolation are some of the fastest-growing public health problems in the U.S. today, and people with disabilities are disproportionately at risk.² Adults and children with mobility limitations are unfortunately at greatest risk for obesity.³ Despite the U.S. Department of Health and Human Services' (HHS) Physical Activity Guidelines – which recommends children with disabilities get 60 or more minutes each day of moderate or vigorous-intensity aerobic physical activity, and adults, 150 minutes weekly⁴ – 50% of adults with disabilities get absolutely no aerobic physical activity.⁵ Children with disabilities are 4.5 times less likely to engage in physical activity than children without disabilities⁶. According to the 2022 U.S. Report Card on Physical Activity for Children and Youth, the U.S. received an “F” grade for children with disabilities, with less than 17.5% meeting the recommended daily physical activity.⁷

Without equitable access to appropriately designed activity-specific prosthetic and custom orthotic devices, trying to meet the HHS Physical Activity Guidelines is not only impossible, but also dangerous and harmful when utilizing an inadequate orthosis or prosthesis. The consequences of a sedentary lifestyle are not confined to negative health outcomes at the individual level: a lack of physical activity also causes a severe, systemic strain on the nation's healthcare economy. A 2014 study published in *Progress in Cardiovascular Diseases* estimates that spending related to physical inactivity represents 8.7% of US healthcare expenditures, or roughly \$117 billion, per year.⁸

Low Cost to Provide Appropriate Orthotic & Prosthetic Care, High Potential for Savings and Social Impact

Activity-specific orthoses and prostheses are required for individuals with either upper or lower limb loss and limb difference to participate in physical activities such as running, biking,

¹ Centers for Disease Control and Prevention (2014). *Facts about Physical Activity*: <https://www.cdc.gov/physicalactivity/data/facts.html>

² U.S. Department of Health and Human Services, *Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community*: <https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf>

³ Centers for Disease Control and Prevention (CDC), *Disability and Obesity*: <https://www.cdc.gov/ncbddd/disabilityandhealth/obesity.html>

⁴ U.S. Department of Health and Human Services, *Physical Activity Guidelines for Americans, 2nd Edition*: https://health.gov/sites/default/files/2019-09/Physical_Activity_Guidelines_2nd_edition.pdf

⁵ Centers for Disease Control and Prevention (CDC), *Inactivity Related to Chronic Disease in Adults with Disabilities*: <https://www.cdc.gov/media/releases/2014/p0506-disability-activity.html>

⁶ American College of Sports Medicine, *Why We Must Prioritize Equitable Access to Physical Activity for Children with Disabilities*: <https://www.acsm.org/blog-detail/acsm-blog/2021/03/22/prioritize-equitable-access-to-physical-activity-for-children-with-disabilities>

⁷ Physical Activity Alliance, *The 2022 United States Report Card on Physical Activity for Children and Youth*: <https://paamovewithus.org/wp-content/uploads/2022/10/2022-US-Report-Card-on-Physical-Activity-for-Children-and-Youth.pdf>

⁸ Carlson SA, Fulton JE, Pratt M, Yang Z, Adams EK. Inadequate Physical Activity and Health Care Expenditures in the United States. *Progress in cardiovascular diseases*. 2015;57(4):315-323. 2014.08.002. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4604440/>

SO EVERYBODY CAN MOVE

swimming, and more. Without appropriate O&P care, knee or hip problems can result in healthcare costs ranging from \$80,000 to \$150,000 over a lifetime.⁹ Putting more strain on a prosthetic or orthotic device not appropriately designed for physical activity may also result in damage to the device, resulting in more expense for insurance providers.¹⁰

Conversely, ensuring coverage of activity-specific O&P care imposes little cost to insurance companies: a study of two bills enacted into law in Colorado and Illinois found their projected costs to be \$0.01-\$0.08 and \$0.01-\$0.33 per member per month (PMPM), respectively, less than 0.003% of the annual amount spent on healthcare per capita in the United States (\$10,000). This study's methodology shows that Maryland has a projected \$0.01-\$0.25 per member per month (PMPM) cost. In fact, the study suggests that activity-specific coverage may present significant long-term savings, as patients are able to reduce the costly consequences of sedentary living and reap the health outcomes physical activity provides.¹¹

For example, a more active, healthier number of people with limb loss and limb difference would place far lower demands on public health and social support systems, reducing expenditures in health treatment, prosthetic and orthotic care, pharmaceuticals, long-term care, disability benefits, and assorted other interventions.¹² Additionally, people with disabilities who are physically active are more likely to be employed, advance in their careers, and have improved physical and mental health.¹³

Solving this Public Health Challenge by Ensuring Equitable Access to O&P Care

In an effort to address this public health challenge, So Every BODY Can Move was launched in 2022. Since then, So Every BODY Can Move has seen five states successfully enact legislation including, in order, Maine (LD 1003), New Mexico (HB 131), Arkansas (HB 1252), Colorado (HB 1136), and Illinois (SB 2195). In addition to Maryland SB SB 0614/HB 0865, six states have introduced So Every BODY Can Move legislation and are working toward passage in 2024, including Minnesota (HF 3339/SF 3351) Indiana (HB 1433), Massachusetts (HD 4491), New Jersey (SB 3919), Tennessee (HB 1992/SB 2010) and New Hampshire (SB 177). Approximately 18 additional states intend to follow suit. So Every BODY Can Move has proven to be a bipartisan issue with a broad coalition of support among rehabilitative and habilitative professional organizations and patient advocacy groups. SB 0614/HB 0865 has the opportunity to join this movement for change, ensuring equitable access to O&P care for Marylanders with disabilities.

⁹ Amputee Coalition, *Help Us Introduce the Insurance Fairness for Amputees Act*: <https://www.amputee-coalition.org/wp-content/uploads/2018/04/insurance-fairness-amputees-act.pdf>

¹⁰ Maine Bureau of Insurance, *Review and Evaluation of LD 1003 An Act to Improve Outcomes for Persons with Limb Loss*: <https://www.maine.gov/pfr/sites/maine.gov/pfr/files/inline-files/LD1003-Maine-Mandated-Benefit-Athletic-Prosthetic-Report.pdf>

¹¹ Kehoe, Shaneis et al. *A Multi-State Analysis of the Fiscal and Social Impact of Commercial Insurance Coverage for Recreational Protheses in the United States*. Medical Research Archives, [S.l.], v. 11, n. 5, may 2023. ISSN 2375-1924. Available at: <<https://esmed.org/MRA/mra/article/view/3809>>. doi: <https://doi.org/10.18103/mra.v11i5.3809>.

¹² Amplitude Media Group, *Pennies for Prosthetics: New Data Shows Insurance Reform is Way Affordable*: <https://livingwithamplitude.com/prosthetic-insurance-low-cost-amputees/>

¹³ Move United, *Sports and Employment Among Americans with Disabilities*: <https://moveunitedsport.org/app/uploads/2021/06/Sports-and-Employment-Among-People-With-Disabilities-2-1.pdf>

SO EVERYBODY CAN MOVE

O&P coverage for purposes of performing physical activities

SB 0614/HB 0865 will ensure individuals with disabilities can access activity-specific prostheses and orthoses to reap the benefits of physical activity in the same manner as their non-disabled Maryland peers. Medically necessary O&P care is already, in fact, included in the Affordable Care Act's "essential health benefits" or "EHB" package under the coverage category of "rehabilitative and habilitative services and devices." Activity-specific prostheses and custom orthoses are part of this benefit. Unfortunately, Maryland state and private health plans have taken a more restrictive view that only one prosthesis or orthosis is covered to ambulate, or walk. However, one custom orthosis or prosthesis cannot replace the vast array of fundamental human movements lost because of mobility impairment needed to perform Activities of Daily Living (ADLs), including exercise and physical activities to maintain and improve health. More than one prosthesis or custom orthosis is often necessary to restore human function to the maximum extent possible.

This is already the standard of care being provided by the Veterans Affairs (VA) and Department of Defense (DoD) to active-duty military and retired veterans living with limb loss, limb difference, and mobility impairment. As an example, "running-specific prostheses" have been designed to maximize shock absorption and energy return, while minimizing pain and injury for people with limb loss and limb difference. Another example is swimming, showering, or bathing which requires a waterproof or water-resistant prosthesis or custom orthosis designed for safety and security in wet environments. Activity-specific custom orthoses and prostheses are necessary to allow a child or adult to engage in physical activities over and above simple ambulation or showering and bathing. SB 0614/HB 0865 will empower Marylanders with mobility impairments to access the medical (physical and mental) and social health benefits provided by physical activity.

O&P coverage that follows nondiscrimination standards

In addition, nondiscrimination standards outlined in SB 0614/HB 0865 will guarantee that Marylanders living with limb loss, limb difference, and mobility impairment will receive the same standard of care as patients without a disability. Orthotic and prosthetic services are often directly comparable to surgeries and procedures that enable mobility or physical activity. For example, ACL surgery, while considered an elective procedure, is typically covered because the treatment is necessary to restore the body to its full potential. Between 100,000 and 300,000 knee and hip replacements, which are "internal prostheses" rather than external prostheses, are also routinely covered to eliminate pain, correct deformity, and improve mobility.

About 700,000 knee replacements and approximately 400,000 hip replacements are performed in the U.S. each year.¹⁴ However, coverage of "external prostheses," such as microprocessor-controlled prosthetic knees (MPKs), that restore the same function, is often denied for people

¹⁴ Mayo Clinic, *Mayo Clinic Q and A: When your hip and knee both need to be replaced*: <https://newsnetwork.mayoclinic.org/discussion/mayo-clinic-q-and-a-when-your-hip-and-knee-both-need-to-be-replaced/>

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with disabilities. SB 0614/HB 0865 will ensure state and private health plans will not be able to deny a prosthesis or custom orthosis for an individual with limb loss or limb difference that would otherwise be covered for a person without a disability seeking medical or surgical intervention to restore or maintain the ability to perform the same function.

United by Mobility: A Movement Rooted in Disability Rights

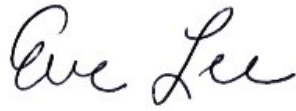
Together, **AOPA, NAAOP, and AAOP** represent more than 12,000 O&P professionals, including certified prosthetists and orthotists, and 2,000 O&P patient care facilities and suppliers that manufacture, distribute, design, fabricate, fit, and supervise the use of orthoses (orthopedic braces) and prostheses (artificial limbs) to improve the mobility and quality of life for people with disabilities. Prosthetists and orthotists are board-certified clinicians who specialize in the evaluation, treatment, and provision of custom fabricated prostheses and orthoses to treat patients with limb loss, limb difference, and mobility impairments resulting from a wide variety of orthopedic and neurologic conditions such as amputation, congenital abnormalities, stroke, spinal cord injury, multiple sclerosis, and many other disorders. These medical providers serve a vital role in providing comprehensive, patient-centered treatment plans, including access to appropriate O&P care necessary to participate in physical activity.

The **Amputee Coalition** is the nation's leading organization on limb loss and limb difference, representing over 4 million people in the United States. The Amputee Coalition supports individuals with limb loss and limb difference through education and resources, raises awareness about limb loss prevention, and ensures that patients have a voice in the matters affecting their ability to live full thriving lives, including access to O&P care for physical activity.

The undersigned organizations recognize the inequities in the healthcare system and the need for patients to be able to participate in activities that provide them with a fulfilling life. As such, AOPA, NAAOP, AAOP, and the Amputee Coalition strongly support Maryland SB 0614/HB 0865 and urge its passage to ensure that every Marylander – no matter their disability – can embrace their full potential and embark on a boundless journey of mobility and independence.

SO EVERYBODY CAN MOVE

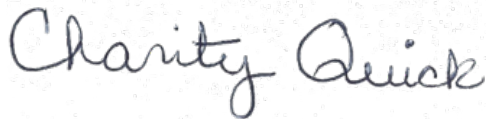
Sincerely,



Eve Lee, MBA, CAE
Executive Director, American Orthotic & Prosthetic Association (AOPA)



Maggie Baumer
President, National Association for the Advancement of Orthotics & Prosthetics (NAAOP)



Charity Quick, MBA, CAE
Executive Director, American Academy of Orthotists & Prosthetists (AAOP)



Ashlie White
Chief Programs Officer, Amputee Coalition



So Everyone can move, SB0614.pdf

Uploaded by: Lukas Baner

Position: FAV

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.

Testimony bill SB0614 P&O 2024.pdf

Uploaded by: Marlis Gonzalez Fernandez

Position: FAV

February 13, 2024

Committee: Finance, Maryland General Assembly

Bill: SB0614, Maryland Medical Assistance Program and Health Insurance - Coverage for Orthoses and Prostheses

In support of SB0614

I am writing to express my wholehearted support for Bill SB0614, the Maryland Medical Assistance Program and Health Insurance Coverage for Orthoses and Prostheses. I am speaking in my individual capacity. The views expressed are my own and do not necessarily reflect the views of Johns Hopkins University & Medicine. I am a Physiatrist (Physical Medicine and Rehabilitation physician) and have dedicated the majority of my 20+ years career to treat patient who need prosthesis and orthoses to perform the activities they need and enjoy as part of a fulfilling in life. Maryland has been my home since 2000.

As a physician deeply involved in the care of individuals with orthotic and prosthetic needs, I have witnessed firsthand the profound impact that access to these essential devices can have on a patient's quality of life.

Orthoses and prostheses are not merely durable medical equipment or medical devices; they are life-changing tools that empower people with amputations, limb differences, and neurologic disease to regain mobility, independence, and dignity. However, despite their crucial role in facilitating rehabilitation and improving functional outcomes, many individuals face significant barriers in accessing these devices, particularly when they are needed for activities beyond basic activities of daily living or mobility.

Bill SB0614 seeks to address this issue by ensuring coverage for orthoses and prostheses under the Maryland Medical Assistance Program and health insurance plans. By supporting access to these vital devices needed for occupational and advanced activities, the bill will positively impact the lives of countless Maryland residents, empowering them to lead fuller, dynamic lives.

Providing coverage for orthoses and prostheses is not just a matter of improving individual health outcomes; it is also a sound fiscal investment. By enabling individuals to maintain or regain their independence and productivity, access to orthotic and prosthetic devices can reduce long-term healthcare costs associated with complications, hospitalizations, and disability-related services. Many people in need of these devices would be able to return to work or develop new occupational interests that are not possible in the absence of such devices.

Furthermore, supporting this bill aligns with the fundamental principles of equity and inclusivity in healthcare. Every individual, regardless of their socioeconomic status, deserves access to the

care and resources necessary to achieve optimal health and well-being. By guaranteeing coverage for orthoses and prostheses, we are reaffirming our commitment to ensuring that all Maryland residents have the opportunity to live their lives to the fullest extent possible.

I urge you to support Bill SB0614 and help make orthotic and prosthetic care more accessible to those who need it most. By doing so, we can make a tangible difference in the lives of individuals with physical disabilities, empowering them to overcome challenges and pursue their dreams with confidence and dignity.

Thank you for your attention to this important matter.

Sincerely,

A handwritten signature in black ink, enclosed in a thin black rectangular border. The signature is cursive and appears to read 'Marlís González-Fernández'.

Marlís González-Fernández, MD, PhD, ABPMR
Board Certified in Physical Medicine and Rehabilitation

2024 MOTA SB 614 Senate Side.pdf

Uploaded by: Michael Paddy

Position: FAV



Maryland Occupational Therapy Association

PO Box 36401, Towson, Maryland 21286 ♦ mota-members.com

Committee:	Senate Finance Committee
Bill Number:	Senate Bill 614
Title:	Maryland Medical Assistance Program and Health Insurance - Coverage for Orthoses and Prostheses
Hearing Date:	February 14, 2024
Position:	Support

The Maryland Occupational Therapy Association (MOTA) supports Senate Bill 614 – *Maryland Medical Assistance Program and Health Insurance - Coverage for Orthoses and Prostheses*. This bill will require Medicaid and private insurance coverage in Maryland for orthoses and prostheses.

Occupational therapists often work with patients who receive prostheses or orthoses as part of the medical team working with the patient as they go through rehabilitation and learn how to use their new limb or device. Orthotic and prosthetic care utilized for physical activity is not considered “medically necessary” or “reasonable and necessary” – the standards for insurance coverage – by most federal, state, and private health plans. Without health plan coverage, out-of-pocket costs, ranging from \$5,000 – \$30,000 per device, often prohibit people who live with amputation from getting access to this technology. As a result, physical activity accessible by specialized orthoses and prostheses is severely limited. Without insurance coverage, individuals with limb loss and limb difference often remain more sedentary or risk serious injury by exercising with improper devices. MOTA supports this bill because it provides access to necessary care for people experiencing limb loss and limb difference.

We ask for a favorable report. If we can provide any further information, please contact Michael Paddy at mpaddy@policypartners.net.

Bondre_Testimony.pdf

Uploaded by: Nina Bondre

Position: FAV

To: Senator Beidle and Senator Klausmeier of the Senate Finance Committee

Reference: SB0614: Maryland Medical Assistance Program and Health Insurance - Coverage for Orthoses and Prostheses

Position: Support/Favorable

Dear Senator Beidle and the Finance Committee Members:

I am grateful for the opportunity to share my comments on Senate Bill 614 and to encourage your support for this piece of legislation.

I write to you today as a Certified Prosthetist Orthotist (CPO). I had the wonderful opportunity to intern at Dankmeyer, Inc. (based in Linthicum, MD) which was my first exposure to the world of prosthetics and orthotics. I pursued my Master's in Prosthetics & Orthotics and practiced at Dankmeyer for 4 years as a CPO. During my time as a clinician, I worked with a wide variety of patients across a range of ages, diagnoses, races, socioeconomic statuses, and education levels. My primary sites of work were the Kennedy Krieger Institute and Johns Hopkins Hospital.

As a CPO, I evaluated each of my patients and designed a unique device to meet their needs, knowing that they would **likely only have one device to fulfill all their needs**. I needed to factor in **all** a patient's daily activities and occasional recreational activities when designing **one** device. We must provide a single device that has a fixed number of features and physical restraints to match the wide array of activities a patient can engage in: this is a nearly impossible task. Ultimately, we must pick a middle ground which focuses on standing and walking, often at the expense of being able to fully engage in activities such as running, biking, or even different positions such as kneeling for long periods of time. I worked with many patients who had the desire and physical ability to participate in activities beyond ambulation but were unable to because of a lack of access to activity-specific devices.

It is difficult for someone who is able-bodied to truly empathize with and understand the life of someone who uses a prosthesis or orthosis. However, take the simple analogy of having only one pair of shoes. You must use these shoes for every activity from this day forward. No matter what family event, social engagement, professional meeting, or athletic activity you wish to participate in, you must wear this one pair of shoes. Picking this one pair of shoes will be extremely important: you must do your best to consider all the events you will engage in for the next several years and try to pick something that will work "well enough" for as many situations as possible. Ultimately, you can do several of your desired activities, but unfortunately, your pair of shoes will not work for your favorite sport, running. You know that if you try to run in these shoes, your skin will get irritated, causing sores and blisters to form, which will detract from your other life activities. You try to adjust these shoes to allow you to run, but nothing you do makes them work. If you adjust them too much, not only will they work poorly for running, but they will no longer work well for your other life activities. Heartbroken, you decide to give up on running, which was your primary form of exercise. Over time, due to a lack of exercise, you lose muscle mass and gain weight, which puts you at higher risk of heart disease, high blood pressure, and stroke¹. Your journey here

started because you could not get shoes which allowed you to engage in exercise. How can we similarly deny our patients access to devices which will keep them healthy?

Due to the large volume of patients and similar presentations, I was often treating patients with similar diagnoses who had completely different outcomes. The root cause of this difference was typically access to resources. A patient with a lower limb amputation could enjoy a great quality of life if they had enough money to afford what insurance would not cover, such as devices that were built completely different from their walking leg to allow them to engage in activities such as running or weightlifting. The same patient who does not have financial resources is left to manage with their single device. Using a device for what it is not built for may lead to increased stresses on the amputated limb and can cause skin breakdown or device failure. Skin breakdown can lead to infection and subsequent complications such as higher amputation, and in the direst cases, death. Device failure can lead to falls, which can lead to higher medical service utilization and increased costs.

Staying active allows our patients to maintain their best possible health, which wards off the many other life-threatening conditions that can arise with an increasingly sedentary lifestyle. “Sedentary behaviors have wide-ranging adverse impacts on the human body including increased all-cause mortality, cardiovascular disease mortality, cancer risk, and risks of metabolic disorders such as diabetes mellitus, hypertension, and dyslipidemia; musculoskeletal disorders such as arthralgia and osteoporosis; depression; and, cognitive impairment”².

A patient’s rehabilitation journey should not be dictated by their access to financial resources. All of our patients deserve to have equal access to activity-specific devices to help them stay as active and mobile as possible.

For all the above stated reasons, **I urge you to vote in favor of Senate Bill 0614.**

For more information, please contact:

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Multi-state analysis Malouff et al. 2024.pdf

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A Multi-State Analysis of the Fiscal Impact of Commercial Insurance Coverage for General-Use & Activity-Specific Prosthetic & Orthotic Devices in the United States

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Authors: Shaneis Malouff, MS CO, Jeff Cain, MD

Abstract:

Prosthetic and orthotic devices are assistive devices utilized by individuals with limb loss, limb difference, and mobility impairment. Research has shown these devices improve mobility and functionality, independence, and overall quality of life for individuals with disabilities who depend on them [1]. This report focuses on two use types of prosthetic and orthotic devices: general-use and activity-specific. General-use prostheses and orthoses are designed to achieve the basic needs of ambulation and upper-limb functionality. In contrast, activity-specific devices are designed to support higher-intensity physical activities and recreation.

Currently, 29 states do not require insurance coverage for general-use prosthetic and orthotic devices, and 45 states do not require insurance coverage for activity-specific devices, hindering individuals with limb loss, limb difference, and mobility impairment from essential life

functions, including regular exercise required to prevent chronic illnesses [2].

This study analyzes proposed legislation in 11 states, aiming to expand state-regulated coverage for prosthetic and orthotic devices for the purpose of improving quality of life and longevity of health, including chronic illness prevention. The methodology includes estimating the per member per month (PMPM) and net cost variations per state based on U.S. Census populations, Center of Medicare and Medicaid Services (CMS) Public Use Data Files and state-specific Medicaid fee schedules. The authors hypothesize that expanded insurance coverage could yield long-term social and fiscal benefits to the patient and healthcare systems.

Results show PMPM estimates for states pursuing various levels of coverage, encompassing both general-use and activity-specific devices. The analysis conservatively estimates small PMPM increases based on assumptions related to device coverage costs and utilization. The results further emphasize potential overall healthcare savings from insurance coverage for these devices with the implementation of the 11 legislative initiatives, from improved health outcomes, with minimal fiscal impact.

In conclusion, the net fiscal and social benefit of these states' proposed legislation is expected to outweigh the associated costs. The fiscal impact on total healthcare costs is relatively small compared to the potential positive benefits for patients and healthcare systems.

Introduction

According to the Kaiser Family Foundation, the United States (U.S.) leads global healthcare spending, investing around \$12.9K per capita annually. This statistic highlights healthcare

spending exceeds the gross domestic product (GDP) growth and total healthcare costs now account for more than 17 percent of GDP [3]. Despite this substantial investment, the U.S. has the lowest life expectancy among industrialized nations. Additionally, the country has seen a concerning decline in life expectancy for the second consecutive year, with a reduction of 2.7 years since 2020—the first decline since 1923 [4]. The primary cause of death in the United States is heart disease, often linked to chronic conditions like unhealthy blood cholesterol levels, diabetes mellitus, and obesity. According to the Centers for Disease Control (CDC), these diseases are preventable through exercise and a healthy diet [5].

The gap between significant healthcare spending and decreasing life expectancy indicates a need to reassess the current insurance coverage landscape, especially concerning preventative health services. Exploring the inclusion of preventive measures within insurance coverage could address this disparity, offering potential improvements in both short- and long-term physical and behavioral health outcomes and broader healthcare systematic impacts. Thus, understanding opportunities for populations at risk for the leading cause of death to exercise regularly is the hypothesized approach to decreasing healthcare costs and improving life expectancy.

Currently, 29 states in the U.S. do not require coverage of general-use prosthetic and orthotic devices, and 45 states do not require coverage of activity-specific devices [6]. Thus, the lack of coverage creates a health access barrier and health equity concern for those experiencing limb loss, limb difference, or mobility impairment.

This study analyzes potential coverage for two types of device use. First, general-use devices are defined as prosthetic and orthotic devices

designed to achieve the basic needs of ambulation and upper-limb functionality. Second, activity-specific devices are defined as prosthetic and orthotic devices designed to support higher-intensity physical activities and recreation. Without these devices, individuals living with limb loss, limb difference, or mobility impairment are highly restricted in their ability to perform essential life functions, including exercise, to prevent chronic illness and heart disease [7][8].

To expand on the correlation between the cost of healthcare and this population, a recent study found the average cost per hospital stay accumulated to \$11,700, making hospitalization one of the most expensive categories of healthcare costs [9]. When considering the average cost of an amputation (a subcategory of hospitalization costs), a recent study focused on patient cost per amputation found that the overall per-patient cost for amputation was U.S. \$89,808 [10]. Therefore, the cost of amputation can be presumed to be one of the most expensive types of healthcare utilization and should be addressed accordingly. A solution could be hypothesized as providing insurance coverage for preventative health measures to decrease the prevalence of amputation and subsequent related costs.

Recent studies analyzed activity-specific prostheses' social and fiscal impact in Maine, Colorado, Connecticut, and Illinois. The results showed minimal per member per month (PMPM) estimates per state. As a result, 100% of legislation introduced referencing this data was enacted [11]. However, these studies only analyzed activity-specific prosthetic coverage and did not assess the general-use device cost or orthotic coverage component [12].

Additional research has shown considerable cost and patient outcome benefits from prosthetic and orthotic device use.

For every dollar spent on rehabilitation, there is a savings of more than \$11 in disability benefits. In addition, knee or hip problems resulting from lack of appropriate prosthetic care can result in health care costs ranging from \$80,000 to \$150,000 over a lifetime. Putting more strain on a daily prosthetic may result in damage to the prosthetic device, resulting in more expense for insurance providers. In addition, this treatment may lower the costs of mental health related issues and treatment. Children who are unable to participate in social or leisure activities with their peers due to a lack of appropriate prosthetics might see a negative impact on their quality of life and may develop mental health issues as a result. [13]

Considering the above findings, it is hypothesized that expanded state-regulated commercial insurance coverage of both general-use and activity-specific devices could generate long-term social and fiscal benefits by improving access to healthcare and enhancing patient outcomes compared to the current state insurance coverage options and standard of care.

This study aims to expand on previous relevant methodology previously used to calculate PMPM for activity-specific prosthetic device coverage. However, this analysis will seek to include general-use device insurance coverage of orthoses and prostheses and activity-specific device coverage in 11 states with proposed legislation. The outcome will calculate an estimated PMPM per state, estimated healthcare cost savings by providing preventative-related health benefits based on existing actuarial and policy review literature, and both values' overall net benefit or cost.

Methodology

Understanding the legislative landscape:

States proposing legislation on relevant device coverage in upcoming legislative sessions include Idaho, Kentucky, Maryland, Massachusetts, Minnesota, New Hampshire, New Jersey, Ohio, Oregon, Pennsylvania, and Tennessee.

Among these, Kentucky, Minnesota, Ohio, and Pennsylvania advocate for legislation to mandate commercial insurance for general-use and activity-specific prosthetic and orthotic device coverage.

Tennessee is proposing legislation specifically for the coverage of prosthetic devices only within this category.

States with previously enacted legislation covering general-use devices and seeking expanded coverage for activity-specific prosthetic and orthotic devices include Idaho, Maryland, Massachusetts, New Hampshire, New Jersey, and Oregon.

Device type and coverage requirements for each state's legislation vary based on locally sponsored legislative representation and advocates' determination, which may change throughout upcoming legislative sessions. Thus, for the purpose of this study, estimates will be based on proposed levels of coverage as of the current date, January 2024 [6].

Understanding existing policy and research literature:

The existing literature used to calculate the estimated PMPM for activity-specific prostheses was analyzed using Minnesota's actuarial PMPM published by the Minnesota Department of

Commerce [14]. Minnesota's actuarial analysis found minimal fiscal impact with a net increase of \$0.39 PMPM, with indications of improving quality of life and decreasing the cost of episodic care.

Utilizing the \$0.39 PMPM estimate as a base value, various calculations can be applied to reach a similar estimate for the 11 additional states seeking legislation.

The first calculation aimed to understand the total cost breakdown between orthotic and prosthetic devices. Minnesota notes a total estimated paid expenditure amount of \$116,395,832 in the first year of the coverage across 84,776 orthoses (44.74% of total devices) and 21,520 prostheses (55.26% of total devices).

Suppose these percentages of costs are applied to the two categories of devices; a per-device PMPM can be calculated (image 1). This value is useful to apply on a population basis as each state's population varies, and the PMPM would change as a result. Population data referenced in this methodology comes directly from the U.S. Census Bureau's July 2022 report [15].

To further calculate the estimated cost within a state, the device utilization prevalence was calculated from Minnesota's analysis by comparing the 84,776 orthoses and 21,520 prostheses against their total population. As Minnesota's values and estimates projected in 2025, this study first recalculated the prevalence based on 2022 U.S. census values as the most recent published census data [16].

Orthoses were found to have a 1.47% prevalence, and prostheses were found to have a 0.37% prevalence against the total M.N. population. These prevalence values were used to calculate each additional state's device utilization values. Once device values were

identified, the cost per device determined in image one was multiplied to individually estimate the PMPM associated with orthotic and prosthetic coverage. Breaking out these two cost categories is imperative as states' coverages vary, and the related costs must be accounted for as such.

For example, Idaho is seeking legislation for orthotics and prosthetics for general and activity-specific use. Thus, the orthotic PMPM must be added to the prosthetic PMPM to sum up the general-use of PMPM. To ensure the activity-specific prosthetic PMPM value is then added, we assume an additional 50% of the prosthetic cost as a recent fiscal analysis estimates 50% utilization for activity-specific devices in comparison to general use devices [17].

In contrast, other states already have enacted insurance mandates covering general-use devices. Thus, only the activity-specific costs are summated to estimate the net PMPM. All calculations can be referenced in image 2.

Each state's employer-insured and nongroup member rate was gathered from the Kaiser Family Foundation's insurance coverage 2022 analysis to compare population variations in employer and nongroup insurance from Maine's member rate [18]. If the percentage of this covered population was lower than Maine's, the difference was flagged as a potential increase to the PMPM, based on the assumption that the number of members to spread the cost increased by that value. After further analysis, if the member amount decreased in total member count, the number of individuals utilizing these devices would also decrease.

However, as the exact decrease in utilization and member values is unknown unless payer claims data is available, this analysis calculated the

potential cost difference if the delta in the payer population was to be applied to the PMPM.

For example, Kentucky was found to have the most significant variance in nongroup and employer-covered lives population at 11.6% less than Minnesota's, as a general assumption that could increase the net PMPM by 11.5% at an additional 4 cents PMPM. The average variance across all states was 4% less of the population holding nongroup or employer insurance than M.N., calculating a less than one cent increase in PMPM. As the specific utilization rate cannot be assumed without payer claims data, and the average impact would increase at less than one cent PMPM, this calculation was not included in the fiscal estimate methodology.

Similar findings were found when comparing the difference in disability prevalence in each state. The average variance across all states was found to have a 1.9% higher disability prevalence when compared to M.N. This difference would equate to a less than one cent increase in PMPM. This disability rate is not exclusive to prosthetic and orthotic device utilization pathologies and is subsequently a gross overestimate based on the inclusion of non-mobility-affecting categories (deaf, blind). For these reasons, this calculation was not included in the methodology.

This study also analyzed Medicaid's Durable Medical Equipment Prosthetic Orthotic Schedule (DMEPOS) reimbursement state rate differences between the two most frequently coded prosthetic L-codes (L5301 and L5321) and L1970, one of the most coded orthotic L-codes [19].

Only Idaho and Oregon were found to have higher reimbursement rates across all three codes, at 2.19%. This would equate to less than a one-cent increase in PMPM and is not included in this methodology.

All the estimates found within the results sections are calculations that estimate the potential per month per member cost per state. The basis of these calculations originated with the actuarial study by Minnesota's Commerce Department. All assumptions and calculations completed in this research are not made on an actuarial basis. Instead, the calculations are based on population assumptions made available through the U.S. Census Bureau and supporting publicly available data, as referenced.

Image 1:

	Totals	Orthotics	Prosthetics
Paid expenditures:	\$116,395,832.00	44.74%	55.26%
Device breakdown	106,296	84,776	21,520
PMPM	\$0.39	\$0.175	\$0.2158
Per device cost (PMPM divided by # of devices)	NA	\$0.000002060	\$0.00001000

Image 2:

Equation assumptions:	<i>Column I * \$0.00001</i>	<i>50% of column G based on assumption: patients will receive an activity specific and general use device at 50% of the cost (per 2024 NJ Fiscal Analysis)</i>	<i>MN Commerce Department 2024 analysis quotes 0.37 of the population</i>	<i>MN Commerce Department 2024 analysis quotes 1.47% of the population.</i>	<i>Column J * \$0.00000206</i>	<i>Columns G+H+K = Total State PMPM for O&P rec & fairness - exception of TN px only</i>	<i>Columns H+K = Total State PMPM for O&P rec & fairness - exception of TN px only</i>
State	Prosthetic general use cost	Prosthetic active use cost	Estimated annual prosthetic device utilization	Estimated annual orthotic device utilization	Orthotic cost	Recreational & Fairness PMPM	Recreational cost only PMPM
Idaho	\$0.06	\$0.03	5955	23658	\$0.05	\$0.14	NA
Kentucky	\$0.14	\$0.07	13757	54657	\$0.11	\$0.32	NA
Maryland	\$0.19	\$0.09	18954	75306	\$0.16	NA	\$0.25
Massachusetts	\$0.21	\$0.11	21157	84058	\$0.17	NA	\$0.28
New Hampshire	\$0.04	\$0.02	4120	16367	\$0.03	NA	\$0.05
New Jersey	\$0.28	\$0.14	28306	112457	\$0.23	NA	\$0.37
Ohio	\$0.35	\$0.18	35494	141016	\$0.29	\$0.82	NA
Oregon	\$0.13	\$0.06	12676	50363	\$0.10	NA	\$0.17
Pennsylvania	\$0.39	\$0.19	38589	153314	\$0.32	\$0.89	NA
Tennessee	\$0.22	\$0.11	21576	85722	\$0.18	\$0.50	NA

Image 3:

<i>Equation assumptions:</i>	<i>Insurance coverage of the total state population per 2022 Kaiser Family Foundation</i>	<i>Under 65 yo population data from 2022 US Census Bureau</i>	<i>Disability rate under 65 yo per 2022 US Census Bureau</i>
State	Non-group & employer insured difference from MN	Delta from MN's under 65 yo population	Delta from MN's under 65 yo population
Idaho	-6.30%	0.0%	2.0%
Kentucky	-11.60%	0.0%	5.6%
Maryland	-1.80%	0.0%	0.10%
Massachusetts	-1.10%	-1.0%	0.3%
New Hampshire	1.30%	-3.0%	1.3%
New Jersey	-0.90%	0.0%	1.0%
Ohio	-9.70%	-1.0%	2.4%
Oregon	-7.40%	-2.0%	2.6%
Pennsylvania	-5.10%	-3.0%	2.3%
Tennessee	-6.30%	0.0%	3.4%

Image 4:

<i>Equation assumptions:</i>	<i>US Census info; row 13 from cost analysis projections</i>	<i>Annual saving, per state on the assumption individuals provided accurate care savings 115k over the average US lifespan (76.1 yrs)</i>	<i>Per Kaiser Foundation; row 6 from cost analysis projections</i>	<i>Annual state cost</i>	<i>Net State cost/savings per year</i>
State	Total O&P population under 65	O&P population (115,000)/ 76.1	Total commercial & non-group members	(PMPM *12) member population	Annual cost - Annual savings
Idaho	29613	\$44,750,119	796652	\$1,319,803	\$43,430,316
Kentucky	68414	\$103,384,896	1840481	\$7,044,250	\$96,340,646
Maryland	94260	\$142,443,003	3037840	\$9,109,946	\$133,333,057
Massachusetts	105216	\$158,998,548	3430942	\$11,484,614	\$147,513,934
New Hampshire	20486	\$30,958,498	694758	\$452,818	\$30,505,680
New Jersey	140763	\$212,716,753	4605398	\$20,624,277	\$192,092,476
Ohio	176510	\$266,736,759	4930773	\$48,690,503	\$218,046,256
Oregon	63039	\$95,262,570	1839778	\$3,689,756	\$91,572,814
Pennsylvania	191903	\$289,997,494	5840517	\$62,703,522	\$227,293,972
Tennessee	107299	\$162,146,689	3195639	\$19,182,807	\$142,963,882

Results

States with prior enacted legislation covering insurance fairness and pursuing 2024 legislation covering prosthetic and orthotic devices for both activity-specific insurance coverage only:

- Idaho (bill number not yet assigned): \$0.01 - \$0.14 PMPM
- Maryland (SB0614/HB0865): \$0.01 - \$0.25 PMPM
- Massachusetts (bill number H4096): \$0.01 - \$0.28 PMPM
- New Hampshire (bill number SB 177): \$0.01 - \$0.05 PMPM
- New Jersey (bill number not yet assigned): \$0.01 - \$0.37 PMPM
- Oregon (bill number not yet assigned): \$0.01 - \$0.17 PMPM

States pursuing 2024 legislation covering prosthetic and orthotic devices for both activity-specific and general use (fairness) insurance coverage:

- Kentucky (bill number not yet assigned): \$0.01 - \$0.32 PMPM
- Minnesota (bill numbers HF 3339/SF3351): \$0.01 - \$0.39 PMPM
- Ohio (bill number not yet assigned): \$0.01 - \$0.82 PMPM
- Pennsylvania (bill number not yet assigned): \$0.01 - \$0.89 PMPM

States pursuing 2024 legislation covering prosthetic devices only for both activity-specific and general use (fairness) insurance coverage:

- Tennessee (bill number not yet assigned): \$0.01 - \$0.50 PMPM

Discussion

This analysis conservatively estimates PMPM increases concerning each state's proposed legislation based on the following assumptions:

- The PMPM identified in Minnesota's Commerce Department 2024 analysis can be applied to state specific populations to estimate a PMPM. Further analysis against state specific all payer claims data is needed as utilization is likely varied due to disability prevalence differentials.
- Minnesota's cost estimate does not account for the potential healthcare savings associated with publicized improved health outcomes as seen in image 4. Recent literature cites sizable healthcare savings (\$115,000 per patient) when providing device access within their treatment plan. Thus, each state would reap a net benefit annually. Each state's increased PMPM cost was included in this calculation [13].

The above net benefit assumes every individual receiving a prosthetic or orthotic device would see subsequent improvements in quality of life and health. This calculation was not included in the PMPM cost analysis methodology but instead considered in terms of potential annual savings per this policy review of relevant industry findings.

Additional fiscal impact considerations include relevant legislation proposed in the 11 states would total a small proportion of the total healthcare cost, and the probable net positive fiscal benefit based on previous studies would be advantageous to all patients and healthcare systems alike. Minnesota's analysis quotes coverage of these devices as providing optimal health outcomes for this population and

minimizes associated impacts on health disparities. In conclusion, the increase in PMPM is less than the estimated annual healthcare savings calculated per state. This study

anticipates the 11 states would benefit from healthcare savings and patient outcome perspective if the relevant legislation is to be enacted. Additional research is needed to confirm long-term fiscal and social impact.

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SB614 Testimony.pdf

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THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

February 14, 2024

**SENATE BILL 614 MARYLAND MEDICAL ASSISTANCE PROGRAM AND HEALTH INSURANCE
-COVERAGE FOR ORTHOSES AND PROTHESES**

Madam Vice-Chair Klausmeier and Members of the Finance Committee;

Thank you for hearing SB 614. This bill is part of a national movement often referred to as "So Every Body Can Move" It is supported by the American Orthotic and Prosthetic Association, the Amputee Coalition, the National Association for the Advancement of Orthotics and Prosthetics and the American Academy of Orthotists and Prosthetists.

A similar bill has passed in five (5) States and is currently being considered in nine (9) states. This bill will change orthotic and prosthetic care; this bill addresses an equity issue that will change lives.

Prostheses are needed when someone loses a limb or is born missing a limb. Currently, Medicare and commercial health insurance providers will allow for one prosthetic limb per missing body segment. Prosthetic limbs are fabricated to allow for patients to participate in and complete their activities of daily living, but technology exists for these devices to be activity specific. If a person would like to engage in other sports, for example: running, skiing, weightlifting, snowboarding, dancing and bicycling, other prosthetics are needed to maximize their safety and function.

Orthoses are defined as rigid or semi-rigid devices that support or correct the spine or limbs due to injury or an underlying medical condition. These devices can allow a child or an adult to engage in exercise or recreation beyond what is considered simple ambulation.

We know exercise can improve our overall health and prevent obesity, diabetes, heart disease and cancer. Overall, helping people to move will improve health and save costs for Medicaid and commercial insurance.

I have a panel that will express the need for additional custom prostheses, from a child born without a limb to a decorated Marine Veteran that is training for the 2024 Paralympics in Track and Field and the 2026 Paralympics in Snowboarding and adaptive CrossFit. I also have the Chair of the Rehabilitation Department at Sinai Hospital, who has served as the department chair for over 20 years. He also runs the prosthetic clinic and works with a team of medical professionals that help children and adults receive the prostheses and orthoses that they need to live their daily lives.

You will hear about a few suggested amendments, and we will certainly consider the amendments. Typically, there is a PMPM report completed by the HCC, however, the HCC did not have time to complete the PMPM report this past fall. We have a PMPM completed by a consultant that analyzed the nine states that are considering this legislation. This PMPM is the second report she has completed, and other states have passed their legislation based on this research.

First, I will share a brief power point and a short news clip. After hearing the testimony, I hope you will give SB 614 a favorable report.

2024 TCC SB 614 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV



THE COORDINATING CENTER
INSPIRED SOLUTIONS

Committee: Senate Finance Committee

Bill Number: Senate Bill 614

Title: Maryland Medical Assistance Program and Health Insurance - Coverage for Orthoses and Prostheses

Hearing Date: February 15, 2024

Position: Support

The Coordinating Center supports Senate Bill 614 – *Maryland Medical Assistance Program and Health Insurance - Coverage for Orthoses and Prostheses*. This bill will require Medicaid and private insurance coverage for orthoses and prostheses.

Our organization provides care coordination through to clients enrolled in Community First Choice and many of Maryland Medicaid’s home and community-based service waivers. Many of our clients face challenges in mobility and activities of daily living. Our goal is to support our clients in living as independently as possibility in their own communities.

Maryland Medicaid provides some coverage of orthoses and prostheses. This bill would enhance coverage and align Medicaid coverage with the commercial market.

We ask for a favorable report. If we can provide any additional information that is helpful, please contact Robyn Elliott at relliott@policypartners.net.

OP Company Testimony- Senate.pdf

Uploaded by: Rochelle Groves

Position: FAV

Date: 02/13/2024

To: Chair Beidle and Vice Chair Klausmeier of the Finance Committee

Reference: SB0614- Maryland Medical Assistance Program and Health Insurance-Coverage for Orthoses and Prostheses

Position: **Support/Favorable**

Dear Senator Beidle and the Finance Committee Members:

We are grateful for the opportunity to share our comments on Senate Bill 614 and to encourage your support for this piece of legislation. We are a collection of orthotic and prosthetic companies (clinics) that serve patients across the state of Maryland. We provide care for patients who require orthoses and prostheses across a wide range of diagnoses. Those who write in support of SB 0614 today include clinicians who directly serve our patients, technicians who fabricate their unique prosthetic and orthotic devices, and the administrators who keep our offices running smoothly. Every day, we live our patients' hardships and struggles to reach their goals alongside them. We do our best to support them in reaching their goals, whether that be standing, walking, returning to work, running, swimming, or the many other activities our patients desire to engage in. We have seen firsthand the impact that having the right device has on a patient's life. Having the right device can make an enormous difference in a patient's mental, emotional, and physical health. Below is a collection of testimony from a variety of individuals who ask for your support of SB0614:

- I find that insurance companies make it difficult for patients to get the devices that will truly help them to be more than "Just" mobile. A lot of effort must go into the justification of a more complex device or components that are an upgrade to provide the patient with better fit and function
- As a college student and prosthetist, I have dedicated a lot of time volunteering for adaptive sporting programs, including snowboarding/skiing, cycling, running, and volleyball. I have also been fortunate to work clinically with more young, active persons with amputations than a lot of other clinicians. I have seen first-hand how much difference the proper prosthesis, similar to having the right tool for a job, can make for a person's mobility and quality of life. Mobility and physical activity should not be a luxury and are essential to maintaining a healthy lifestyle and good quality of life.
- I see many high activity patients that are limited from engaging in higher activities due to insufficient response and function or fear of breaking their only prosthesis.
- I am a clinician working at the Hanger Clinic, who treats pediatric and adult patients in Maryland. When meeting a patient for the first time, we do a thorough

interview with our patients, to get to know them better and to get an idea of what their goals and expectations are. For our pediatric patients, being able to run, jump, play and keep up with their peers is always one of their top goals. For our adult patients, increasing their activity level, being able to engage themselves physically and mentally are some of their top goals. Being able to provide prosthetic components and orthotic devices (braces) which are designed for specialty activities (eg running, skiing, swimming) would remove barriers keeping our patients from pursuing the lifestyle they had before their injury or amputation and opening new opportunities and improving the physical and mental well-being.

- Activity specific orthoses and prostheses would allow my patients greater flexibility in the activities they can participate in and make them feel like they can do things more closely to how they were living prior to using prostheses and/or orthoses.
- Please allow amputees to live a functional life. Don't limit access to appropriate prosthetic care.
- It is important that everyone who has an amputation have the opportunity to receive a prosthesis that fits their needs, may include an activity specific prosthesis.
- Access to activity-specific orthoses and prostheses enables those affected by limb loss and limb difference to lead healthier lives. Insurance coverage for these devices helps O&P clinicians provide equitable care for patients of all ages. It is our goal to break down barriers and limitations for patients.
- I have multiple pediatric patients that are unable to participate fully in school activities/events or even physical education classes because their devices for walking do not allow them to do things like jump, run, lift weights, without risk or injury to themselves or risk of damaging their devices. Damage to their orthosis or prosthesis could result in weeks or potentially months out of their device - weeks or months of not being able to walk and multiple days of missed school for medical appointments - which can have a profound impact not only on their physical development and wellbeing, but also their social interactions among their peers (isolation by not being able to participate in group activities) and their education (needing to miss classes repeatedly for repairs). In a similar vein, adult patients may not be able to participate in higher impact activities such as running or playing basketball, or even low impact activities like hiking, that they participated in prior to their amputations because their every day walking prosthesis is not appropriate or weight-rated for those activities. Orthoses and prostheses are not all alike, just like shoes are not made the same. A person does not use the same pair of shoes to go to work as they would wear to go for a 6 mile hike, to walk on the beach, or to run with their dog around the neighborhood. Using the

inappropriate device for a task increases risk for injury to the person and damage to the device itself.

- This is about maximizing human potential and should be viewed as an investment and not simply an expense when looking at the financial impact. People need to be active to remain healthy and the harder it is to be active the less likely it will happen. Providing this resource to the users of prostheses and orthoses is simple parity to those individuals who have access to all kinds of health care services to support an active and healthy lifestyle even those services that come with a high price tag in the short term; think ACL repair for a young (or not so young) athlete who does not want to end their career nor develop arthritis later in life.
- Having access to an activity-specific orthosis or prosthesis will significantly improve a patient's quality of life while reducing the financial burden on tax payors and insurance companies. A secondary device will reduce the chance of bodily injury, improve overall health, and avoid substantial expenditures associated with palliative care.
- We work with everyone from children to adults, of all levels and abilities. An everyday walking device does not always make a great activity device, and can hinder their ability to move well during the activity. Having access to an activity specific prosthesis or orthosis would improve quality of life for those who wish to remain as active as they can.

We would like to conclude with a real-life example, experienced by many of us, too often in our practice:

Without access to activity specific prostheses, the potential of amputees is stifled. Let's call this the "little Johnny" experience. He has been wearing a prosthesis since he was 3. He has kept up with his peers in light play, but now he is 11. He joins the local Little League team, and it turns out he's pretty darn good. One practice, his foot breaks while running to first base. No problem, little Johnny's parents will take him to his prosthetist for a repair. But the insurance company or government agency balk at covering the repair. The prosthesis was not being used as intended. This is abuse and is not covered. Alternatively, they deny coverage claiming the prosthesis must have been faulty. The result is that little Johnny's potential, his ability to compete and socialize with his peers, and his self-esteem are all now limited. At this point, little Johnny realizes that his own future expectations are diminished. In practice, I, and most of my peers, would congratulate little Johnny on his achievement, fix the prosthesis and wish him well in the next game regardless of payment. But that's not at issue. What is at issue is that we know we can do better, and that little Johnny does not need to have his potential and his future limited due to limb loss. The same is true for the 45-year-old who wades in creeks and rivers fishing, or the septuagenarian who

wants to keep riding a bike after amputation. This can all be possible, with all activities leading to better health and well-being. What is often ignored by policy makers, all leading to lower future medical costs.

Marylanders need this legislation. O&P providers in Maryland provide devices and care that allow patients to return to work and contribute to their communities. These devices allow children to play sports with their peers and live active, healthy lives. We have seen the artificial limitations imposed upon our patients simply due to a lack of access to these activity-specific devices. Our patients need this legislation. It is for the reasons stated above that we urge you to support SB0614.

Thank you for your consideration and your support,

Representatives from:

Dankmeyer, Inc.
Medical Center Orthotics & Prosthetics
Hanger, Inc
Metro Prosthetics
Boston O&P
Real Life Prosthetics
Infinite Biomedical Technologies

Matthew J. Hierstetter
Barbara DeLorenzo
Rebecca Frost, CPO
Adrienne Castle
Helena Ringer, MSPO
Joseph DeLorenzo
Rahul Kaliki, PhD
Art Molnar, CPO
Jonas Ljung, CPO, MSPO
Sara Turnquist, CPO
Dennis Haun, CPO
Brian Luthy, CPO
Julia Pines, MPO, Orthotic Resident
C H Dankmeyer Jr, CPO(e)
Angela Bryl, CPO
Jonas W. Seeberg, CPO/LPO, FAAOP
Mark S. Hopkins
Rochelle Groves, CPO

LBH testimony for SB614 limb loss coverage - Sessi

Uploaded by: Scott Brown

Position: FAV



Date: February 12, 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

Dear Chair, Beidle and Finance Committee Members:

On behalf of LifeBridge Health, I appreciate the opportunity to offer our support and testimony for Senate Bill 614. LifeBridge Health is a regional health system comprising Sinai Hospital of Baltimore, an independent academic medical center; Levindale Hebrew Geriatric Center and Hospital in Baltimore; Northwest Hospital, a community hospital in Baltimore County; Carroll Hospital, a sole community hospital in Carroll County; Grace Medical Center (formerly Bon Secours Hospital), a freestanding medical facility in West Baltimore; and Center for Hope a center of excellence focused on provided hope and services for trauma survivors in Baltimore City.

In particular, I am here on behalf of the Sinai Rehabilitation Center, founded in 1965, the first full department of Physical Medicine and Rehabilitation in Maryland outside a government facility, and the patients we care for in our comprehensive limb loss rehabilitation program. Our program prioritizes the total care of people with limb loss and limb difference. We do not focus only on the anatomic loss and the prosthesis to accommodate for that loss. This perspective incorporates utilizing all treatment interventions that will maintain the optimal health of our patients. The goals we strive to accomplish include promoting cardiovascular health and supporting the greatest level of prosthetic use that the patient wishes to achieve and that is medically appropriate. Achieving these goals is a critical component of our most important outcome metric, preventing another amputation. The statistics are sobering—within 3 years of amputation, there is a 50% chance of needing a second amputation.

We strongly support SB 614 for its specific reference to provision of orthoses and prosthetics for basic activities of daily living, essential job-related activities, and also other physical activities that optimize whole-body health. This last indication is a medically necessary component of overall health care, especially for people with limb loss. The inability to participate in adequate therapeutic exercise increases the risk of developing medical conditions such as diabetes, hypertension, and cardiac and peripheral vascular disease. Many of our patients already suffer from these conditions, and proper exercise is one of the most important components of treatment for them. Unchecked, these are the risk factors that lead to amputation.

Prosthetists and physicians who care for people with limb loss work closely together to identify the most appropriate prosthetic devices and components that will best maintain the health of our patients and prevent further impairment.

CARE BRAVELY

Currently, coverage is limited to providing one prosthesis or orthosis that provides for a basic level of functional use such as community ambulation, but not for higher level vocational and athletic activities. In addition to the device used for daily activities, those who are medically and functionally appropriate to engage in these activities require a proper prosthesis specific to allow safe and effective participation, SB 614 would provide coverage for properly selected patients to gain the medical and psychological benefits of this activity level.

For all the above stated reasons, we request a favorable report for Senate Bill 614.

For more information, please contact:

Scott E. Brown, M.D., M.A.
Medical Director, Sinai Rehabilitation Center
Chief, Department of Physical Medicine, and Rehabilitation
LifeBridge Health
sebrown@lifebridgehealth.org

Jennifer Witten, M.B.A.
Vice President, Government Relations & Community Development
jwitten2@lifebridgedhealth.org

SB0614.pdf

Uploaded by: Shannon Dillingham

Position: FAV

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 Protheses

Position: FAVORABLE

Dear Chair, Beidle and the Committee Members:

My name is Shannon Dillingham, and I am asking for your vote in favor of House Bill 865 regarding insurance coverage for orthoses and prostheses.

In 1989 at the age of 17, I contracted a rare bacterial infection called Fulminant Meningococemia. This disease develops rapidly and is extremely severe and, in my case, left me as a left leg below the knee amputee, a right foot trans metatarsal amputee (which means I lost my toes), significant Kidney impairment and severe scarring over 50% of my body.

At the time I got sick, I was a junior in High School and involved in track, the pom squad, student government and training to get my lifeguarding certificate, in hopes to be a beach guard during the summer. My life came to a halt, and I spent the next 3 months at Children's National Hospital fighting for my life and then an additional 3 months at the Alfered I DuPont Hospital for Children. This is where real work began and the world of prosthetics became my new normal, my lifeline, my independence. I relearned how to walk using a prosthesis. From there I went on to finish high school, college, and graduate school.

Although those are fine accomplishments, I never made it on that lifeguard stand. The beach has always been a place of peace and tranquility for me, and I have continued to go but the experience is different. My choice of leg to wear to the beach has either been my everyday leg, which the salt water and sand together deteriorate the components, or an old prosthesis which doesn't fit properly and can ultimately lead to skin breakdown on my leg, which is painful and makes it hard for me to walk. What was once my place of refuge has now become an annoyance. Every time I want to go to the beach, I am risking my safety and my stability.

I know there are prosthetic legs out there that I can have made for me that would allow me to go to the beach without fear. They are designed to withstand the saltwater and the sand. But they are not appropriate for me to wear for any of the other activities I do every day. My insurance doesn't cover this kind of leg for me, because it is not

“medically necessary”, and I can’t afford to pay for it on my own. My solution has been to wear my everyday leg and deal with the consequences, but I shouldn’t have to. With your support, you will be allowing individuals like myself to live our lives, just like you do each and every day, when you go to the beach or the park with your family. I urge you to support HB 865 and to give us in the amputee community our lives back.

Shannon Dillingham

Health Care Provider Testimony- Senate.pdf

Uploaded by: Sheryl Sachs

Position: FAV

Date: 02/13/2024

To: Chair Beidle and Vice Chair Klausmeier of the Finance Committee

Reference: SB0614- Maryland Medical Assistance Program and Health Insurance- Coverage for Orthoses and Prostheses

Position: **Support/Favorable**

Dear Chair, Beidle and the Finance Committee Members:

We are grateful for the opportunity to share our comments on Senate Bill 614 and to encourage your support for this piece of legislation. We are a group of health care providers who work closely with orthotic and prosthetic patients, **including physicians, physician assistants, physical therapists, and occupational therapists**. As medical professionals, we are acutely aware of the challenges that our patients face. Without the right devices, we are unable to help patients progress in their rehabilitation journey beyond a certain point. No amount of appointments, prescriptions or physical/occupational therapy alone can help a patient participate in sports and exercise if the device is not appropriate. All of our services are complementary to the provision of the appropriate prosthetic or orthotic device. Below is a collection of testimony from a variety of medical professionals who ask for your support of SB0614:

- Physical activity is a basic need and right. Each week adults need 150 minutes of moderate-intensity physical activity and 2 days of muscle strengthening activity, according to the current Physical Activity Guidelines for Americans. This has been reinforced by countless studies. Denying coverage for activity-specific orthoses is condemning people to a lifetime of poor health and ailments, because they cannot achieve the medically recommended amount of exercise with a standard orthosis. I am certain this coverage will reduce long term costs by helping people improve their health both physically and mentally!
- Preparing O&P users for job and sport specific activities makes the user more engaged in their goals, motivated to participate in PT, less likely to be injured, and less likely to need PT or other medical services in the future.
- It is necessary to encourage increased movement for better health. This should include folks with limb loss, not exclude.
- The ability to move your body for joyful physical activity is absolutely vital for our health and wellbeing.
- Would allow patients to have better quality of life and allow for specialized training

- By providing a return to functional mobility, it allows more than walking from point A to point B, but rather enables one to pursue dreams, jobs, and engagement in the community that might otherwise be limited. It's enabling people to give back.
- Patients with a wide range of neurologic and chronic conditions require additional assistive O&P devices for completion of every day activities and to be able to participate in society. Devices that promote upper extremity function/support, weight-bearing activities beyond walking, and reduced spasticity/rigidity are essential.
- Our patients need access to activity specific orthoses and prostheses in a timely and affordable manner in order to walk, transfer, and function without limping or causing more pain and issues as well as the ability to be independent.
- Regular, pain free, physical activity is important to maintain general health, improving diabetes and other metabolic disorders, avoiding depression, and promoting longevity
- Working in the field of Physical Medicine & Rehabilitation, we see often that our patients require these devices in order to successfully complete their basic activities of daily living. These would often not be possible for patient's due to a cost limiting factor.
- ACSM and international physical activity guidelines are not only for abled bodied, we need to include and improve access for people of all activity levels to have the chance to be active and healthy
- I work in rehabilitation. I see great disparity in patients' ability to access prosthetics. Those who have coverage and access are able to work and live with maximum independence. Those who are not able to access this resource are not able to live to their true potential. We can and must do better.
- It would help those with limb loss engage in activities that promote wellness and a healthy lifestyle, which in turn will help control their medical conditions such as diabetes and hypertension.
- Hand and upper extremity prosthetics also need coverage to allow patients to return to work.
- Mental health is so important. These patients need to be out, moving around, enjoying life in order to recover to their most optimal point
- Activity-specific orthoses and prostheses will allow patients to achieve their full potential and return to recreational or community level activities they were participating in prior to the event requiring the use of an orthoses or prostheses.

- I've worked with children and adults with spinal cord injuries for over 10 years, and have seen first-hand the importance of return to sport and extra-curricular activities for my patients. Having orthoses and prosthetics that provide increased independence to play with their peers and return to physical activity can make a huge impact on someone's life and allows for more inclusivity within the community.
- My patients would benefit from less restrictions to allow for them to achieve their goals that are not just to walk. They deserve better.
- The goal of orthotic devices in conjunction with physical rehab is to help patients return to their full prior level of function and to lead full lives. Quality of life includes tasks behind just being home bound and walking household distances. It includes doing leisure tasks and social activities in community, which are essential to a full and happy life. Orthotics are a key component to this. Think about what is a meaningful task to you in your life? Afford a patient with a disability the same ability to participate in meaningful tasks to them by approving this bill.
- It is so important for our patients to keep their joints in optimal positions and alignment so that they can increase their independence with basic ADL tasks. It also helps them stay more independent in the community, work, school, and leisure tasks.
- As a physical therapist working with children with limb differences and amputation, this bill would enable my patients to be so much more active in their homes, schools, and communities. The children I work with would be able to participate in age-appropriate activities such as swimming, bike riding, playing musical instruments, playing sports, and much more! Participation is what enables kids to be kids - to play and engage with other children is an incredibly important part of their development. This bill would offer so much to their lives!
- As a pediatric PT, I have seen first hand the impact of orthotics and prosthetics on children. Having access to the appropriate equipment is key not only for kid's physical well being, but their emotional well being as well. Being able to participate in physical activity with their peers is key for a child's social and emotional development.
- The American Academy of Pediatrics recommends children and adolescents engage in at least 60 minutes of physical activity daily. The recommendation for adults is 150 minutes weekly. The majority of people do not meet these guidelines despite numerous proven health benefits of exercise. Persons living with limb differences are at increased risk for cardiovascular disease, and cardiovascular diseases also decrease mobility in those who utilize lower limb prosthetic limbs. It is absolutely critical for the health and wellbeing of persons living with limb differences that access to required prostheses not remain a barrier to participation in exercise. I am a physical medicine and rehabilitation physician.
- Community participation in physical activity is critical to optimize well being , health, and socialization with typical peers.

- It would allow my patients to be more active and get involved in activities they enjoy. It would also increase their social outlets and chances to interact with other similar-aged people.
- Passing this bill will allow my patient population across Maryland access to devices for a healthy lifestyle. All too often my patients lament after an amputation the difficulty in remaining active due to standard fabricated materials used in prosthesis and orthotics. This leads to patients avoiding activities which negatively affects their physical, emotional, and social health. We are fortunate to have a state that places an emphasis on parks and recreation. To see patients unable to get back to hiking or playing pickleball after an amputation when their tax dollars support these facilities is disheartening. I am urging you to consider the welfare of these individuals in our state.

When our patients do not have access to appropriate devices to allow them to engage in sports, recreation, and activities beyond walking, our therapies and interventions are limited in their effectiveness to help patients do these activities. We need the full coordination of appropriate services and devices to help our patients succeed. Our patients need this legislation. It is for the reasons stated above that we urge you to support SB0614.

Thank you for your consideration and your support,

Representatives from:

The Johns Hopkins Hospital
Johns Hopkins University
Johns Hopkins Home Health Services
Johns Hopkins School of Medicine
Johns Hopkins Howard County Medical Center
MovementX
Sinai Hospital
St. George's University School of Medicine
Medstar Physical Therapy
Medstar Health
Foot and Ankle Pain Center
UM Rehabilitation & Ortho Institute
Kennedy Krieger Institute
BCPS
National Rehabilitation Network

Audrey Chien PT, DPT, MS, ATC
Mariam Keramati, DO
Anna Stacie Page, DPT
Denise Wagner, PT, DPT
Laura Phillips, PA-C
Makenzie Belak, PT, DPT, OCS

Shannon Wilkins, PT, DPT
Susan Ricard PTA
Kelly Casey, OTD, OTR/L, BCPR, ATP, CPAM
Julia Spier, DPT
Dr. Kalen Pascal, PT, DPT, GCS
Daniel E Gable, DO
Abbey Hughes, PhD
Meredith Drake, PT
Stephanie Williams, PT, DPT
Lisa Levitt , DPT
Barbara Jane DeLateur, MD MS
Laura Cardarelli, DPT
Marissa Feinsilver, PT
Torrance Wang, MD
Bryan Akpuaka, DO
Gaurav Majmudar
Rajpriya Venkatarajan, DO
Neel Patel, DO
Jeffrey Ta
Arionne Thomas, MD
Renee Baum
Marybeth Moscirella, OTD, OTR/L
Cecilia Cordova Vallejos, MD
Samantha Susson MS, OTR/L
Martha Miller
Jennifer McDivitt, PT
Ryleigh Wilson PTA
Benjamin Elgamil, DPM
Susan Dumler, OTR/L, CHT
Brittanie Mafra PT, DPT, CMTPT/DN
Meghan Moritz PT, DPT
Kimberly Cardosa, PT, DPT, CEEAA
Elizabeth Neighbors, PT, DPT
Terence Regler
Emily Smith OTR/L
Kathleen Bailey, PT, DPT
Meredith Linden, PT, DPT, ATP/SMS
Kaitlin Hagen, MOT, OTR/L
Elizabeth Williams, PT, DPT
Elena Bradley, PT, DPT
Haily Kwiatek, PT, DPT, NCS
Valerie Jones, PT, DPT
William W. Ide, MD, FAAPMR
Kelly A. McBride

Jen Renner, PT, DPT
Erin Honcharuk, MD

Patient Testimony- Senate.pdf

Uploaded by: Sheryl Sachs

Position: FAV

Date: 02/13/2024

To: Senator Beidle and Senator Klausmeier of the Senate Finance Committee

Reference: SB0614- Maryland Medical Assistance Program and Health Insurance-Coverage for Orthoses and Prostheses

Position: Support/Favorable

Dear Chair, Beidle and the Finance Committee Members:

We write to you today to share our comments on Senate Bill 614 and to urge your support for this bill. We are a group of patients who use prostheses or orthoses in our daily lives. We want to stress that this bill is **necessary** to facilitate our engagement with the activities that can maintain our health. We are not disabled because we are missing a limb or lack full function in one of our limbs. We are limited in participating in sports and activities beyond walking because we do not have activity-specific devices. With the right devices, we know that we are capable of more. Below is a collection of testimony from a variety of patients and family members of patients who ask for your support of SB0614 (light edits made for readability in square brackets):

- As an amputee for the past 45 years, I have seen technology and accommodations improve greatly through time. I am blessed with access to insurance that covered a vast majority of the expenses associated with my below knee prosthesis. Over the years I would inquire about coverage for swim legs and would learn they weren't covered by my insurance.. That always disappointed me because the alternative was to remove my prosthesis to get into a public pool or into the ocean. I have not always been comfortable doing so and never understood why that accommodation to make me feel whole and on par with everyone else enjoying the water was denied to me. This legislation would be life changing for so many folks who want to enjoy equal access to enjoy public pools, water parks, and natural bodies of water. Yes, the argument can be made that if people like myself want to enjoy those things, all we have to do is remove our prosthetic limb. Frankly, it isn't that simple and we should not have to choose between maintaining our sense of dignity or making ourselves incredibly uncomfortable emotionally and mentally in order to be active participants with other "able bodied" people. Do the right thing, consider the entire picture for us as amputees, and get this done. The decision to approve this legislation will generate such a positive ripple effect for those of us in this community. Thank you for allowing me the opportunity to share my thoughts on this important matter.

- I feel all should have the opportunity to participate and not be left out for any reason.

- Physical activity is essential for prevention of health decline related to depression, general debility, and obesity. These diagnoses drive up the cost of health

care, and are preventable, or can be better managed, with exercise and social engagement. Orthotics can make this involvement more attainable and less painful.

- Being able to move [and] run, would open up the world to me. Being able to play with kids' ball again, race them. Not always be a step behind. I need the ability to [be] an active father again.
- This would be life changing. I love the outdoors and would greatly benefit from having different feet to do things like hiking, as well as having an option for swim, and running feet. Because I am a bilateral below the knee amputee I get a lot of kickback and denial, because of the cost so unfortunately, I have never benefited from feet like these but would absolutely love to.
- Dealing with a limb loss is devastating & life changing. Please help us get this approved, so the amputee community can have some normalcy.
- I'm very active, and need multiple legs for different activities like biking and swimming.
- My father, who underwent AKA in his 50s due to aortic dissection, has had reduced life participation due to the limitations of his prosthesis. Previously very athletic, he enjoyed playing on a recreational baseball team which provided not only exercise but a social circle. Due to the inadequacy of his prosthetic equipment, both of these parts of his life have suffered when he still has so much life left to live and so much motivation to do more than he can.

We need this legislation to grant us access to activity-specific prostheses and orthoses. We want to engage in activities that allow us to maintain our health. We share our stories above to urge you to support SB0614.

Thank you for your consideration and your support,

The Orthotics & Prosthetic community in Maryland

Nicole King, MS, CCC-SLP
Raymond Smyth
Erin Klein
Wendy W Claiser
William Odle
Saxon Reynolds
Rebecca Welsh
Shirley Rankin
Anthony Gilkerson
Charles Jackson

SNS SB614.pdf

Uploaded by: Sheryl Sachs

Position: FAV

Date: 02/13/2024

To: Chair Beidle and Vice Chair Klausmeier of the Senate Finance Committee

Reference: SB0614- Maryland Medical Assistance Program and Health Insurance- Coverage for Orthoses and Prostheses

Position: **Support/Favorable**

Dear Chair, Beidle, and the Finance Committee Members:

My name is Sheryl Sachs, MSPO, CPO. I appreciate the opportunity to comment and urge your support for Senate Bill 614.

I was born in Maryland, and I currently live in Baltimore County with my husband and beautiful children. While an undergraduate student at the University of Maryland, College Park, I had the life-changing opportunity to volunteer at Walter Reed, where I spent time with service members who had lost limbs overseas protecting our freedom. Fast-forward 15 years, I am now a certified prosthetics and orthotics practitioner, and it is my job to work with patients of all ages and backgrounds in Maryland to evaluate them for and provide them medically necessary orthotic & prosthetic care. These customized medical devices, external braces to support limbs or prosthetic legs or arms for patients with limb difference, have the ability to restore their freedom of movement.

In our training, like the physicians and physical therapists who we work side-by-side with every day, we are taught to evaluate our patients to provide them the necessary orthoses and prostheses to try to return to a healthy level of activity. Maryland does have existing policies related to coverage for prostheses; however, it does not go far enough (§15-844). The evolving technological advancements over the past 30+ years has come a long way, but access to those advancements has not. Instead of supporting patients, outdated policies and regulations create barriers to access.

As someone who is “able-bodied”, we often do not think about the physical and psychological impacts that living with limb difference and limb loss can have on our peers, our patients, their families, and their communities. My patients inspire me every day as they overcome many of these obstacles, despite the odds stacked against them. Being physically active should not be a luxury—it is a necessity. There is a strong correlation between health and physical activity, and allowing for access to these medically necessary devices will lead to healthier Marylanders. However, with the existing law, the disability community is being discriminated against; the law is telling them it is not their right to be physically active like their able-bodied peers.

By voting favorably for SB0614, you have the ability to not only change the lives and health of children and adults living in Maryland, but you will also be saving the state under the Total Cost of Care Model hundreds of thousands of dollars. Valid, peer-reviewed research has shown a

minimal fiscal impact upfront for coverage for activity-specific orthotic and prosthetic devices. It is important to note that the cost of these devices includes multiple appointments with their clinicians, fitting, education, and adjustments needed for individual's optimal use.

By enabling patients to be physically active with the appropriate technology, you are not only decreasing the risk of physical injury, but you are proactively addressing the psychological ramifications and health implications for an individual who cannot be physically active with the baseline prosthetic and orthotic care that they are currently afforded by insurance.

It is for the reasons stated above that I urge you to support SB0614. Several states have passed similar legislation that ensure individuals have access to these medically necessary devices. We ask the committee vote favorably on SB614.

Sheryl Sachs, MSPO, CPO
Certified Prosthetist Orthotist

SMcDonald SoEverybodyCanMove.pdf

Uploaded by: Steven McDonald

Position: FAV

Hello.

My name is Steven McDonald, and it is my honor to address you today, sharing my perspective as an amputee navigating the insurance industry.

My background is in the military where I served as an enlisted soldier in the Army during the Gulf War. After separating from the military, I was employed as a defense contractor, supporting the military in Somalia, The Balkans, Iraq and Afghanistan. I continue to work in the area of Intelligence where I can combine my interests and life experiences to help make America safer.

Despite a profound car accident in May 2020 that led to a below-the-knee amputation in May 2021, I have tenaciously maintained an active and dynamic lifestyle. From engaging in powerlifting to skydiving and working in challenging environments such as Afghanistan, I refuse to let my injury impede my ambitions. Unfortunately, many amputees find themselves constrained, and forced into a sedentary existence. Despite remarkable advancements in prosthetic design, insurance regulations and guidelines for prosthetics keep many amputees in a "sedentary" life.

I am quite privileged in the aspect I have a full-time job, and maintain my health insurance through my employer. Even within this scenario, I find myself having to call and argue for coverage which should rightfully be mine.

As an example, I needed a "foot" which allowed for dorsi-flexion to correctly complete the squat and deadlift exercises necessary for powerlifting competitions. I attempted to work with my prosthetist to construct a suitable foot. We worked with extra part and discarded pieces to build a foot. While this was "close" the rubber-based flex soon began to degrade under load. I found a company which produced a foot for exactly my needs. The issue with this foot was it is not covered by any insurance, period. It is classified as an extreme foot, which according to insurance, is not necessary to walk.

I purchased the prosthetic foot out of pocket, and have enjoyed the benefit of properly training within my sport, free of worries from injury caused by improper prosthetics.

I know a great many amputees, some are active, most are not (to a competitive degree), and the necessity for providing recreational / sports-based prosthetics is limited to a subset of the amputee community. I advocate for all amputees to be active, as it reduces the chances of obesity, diabetes, arthritis, and any of a dozen other physical and mental issues which affect an able-bodied person. The difference, an able-bodied person simply needs the discipline to be active, while the amputee community needs either sponsorship, personal funds or a change within the insurance structure to accomplish this. As not every person is a complete athlete, not every amputee is a Paralympian.

Regulations within the insurance industry may allow many others to become, possibly not Paralympians, but to simply be active. This can include fathers and mothers wishing to play with their children. Young people exploring job opportunities which seemed earlier out of reach. Lowering blood pressure and cases of diabetes, heading

off cardiovascular disease. Incidentally, my insurance forces me to argue for prosthetics, but will gladly pay for double or triple bypass surgery, which may have been avoided with movement and activity.

Will all amputees, if this passed, suddenly ask for running blades, extreme prosthetic feet or swimming prosthetics, unfortunately no. I wish the answer were different.

I will continue to advocate for the amputee community. I will stress activity. And, I will come before this body as often as allowed to state my position upon this matter.

Sincerely, Steve McDonald

Maryland Senate Testimony on SB 614 (D1102532).pdf

Uploaded by: Thomas Peter

Position: FAV

Written Testimony of

Peter W. Thomas, J.D.

Before the Maryland Senate
Committee on Finance

On Senate Bill No. 614
Maryland Medical Assistance Program and Health Insurance Coverage for
Orthoses and Prostheses

Peter W. Thomas, J.D.
Managing Partner
Powers Law Firm
1501 M Street, NW, Suite 700
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Residence:
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Chevy Chase, Maryland 20815
Peter.Thomas@powerslaw.com

Chairman Beidle, Vice Chair Klausmeier, and Members of the Finance Committee:

I write in strong support of Senate Bill 614, the Maryland Medical Assistance Program and Health Insurance Coverage for Orthoses and Prostheses Act pending before this Committee today. As a resident of Maryland since 1997 and as a bilateral amputee below the knees for the past fifty years, I can attest to the importance of enacting this important legislation and I urge you to do so as soon as possible.

Growing up with two artificial legs since age ten due to a car accident, I have seen vast improvements in prosthetic and orthotic technology, the clinical services, fitting techniques, and quality of care currently available to individuals with limb loss and limb difference. As a child, I walked on artificial legs that were very limiting for the performance of any activity other than simple ambulation. At age 14, I learned how to snow ski with the help of specialized limbs that protected my knees and were more stable than the prostheses I used to walk. Skiing freed me from a slow-motion life. For the first time in four years, I felt my blood pumping and the wind in my hair when I traversed the slopes. I began racing and over my teen years won multiple medals at the National Handicap Ski Championships in Colorado.

Skiing was a tremendous catalyst to my rehabilitation and adaption to my disability. The boost in confidence that physical activity brings is remarkable. Being able to ski on specialized limbs changed my life. My attitude and mood improved dramatically, and I began to excel at school, eventually attending college and law school. My experience is shared by many people with limb loss or limb difference who simply wish to remain active, healthy, and participate in physical activities after their loss of function due to illness or injury.

Today, I am Managing Partner of the Powers Law Firm in Washington, DC, and serve as both general counsel to the National Association for the Advancement of Orthotics and Prosthetics and counsel to a coalition of orthotic and prosthetic associations known as the O&P Alliance. My wish is that enactment of S.B. 614 in Maryland will permit individuals like me to achieve the level of activity they desire, whether that is for the purpose of health and fitness, routine exercise, participation in community activities, or even athletic competition.

The fact is that health insurance programs and plans view “medical necessity” in the narrowest of terms and only grant coverage of prosthetic limbs and custom orthoses to perform simple activities of daily living such as walking (for a lower limb amputee) or manipulating objects (for an upper limb amputee). S.B. 614 would effectively change this restrictive interpretation of medical necessity as it applies to custom orthotics and prosthetics by acknowledging that individuals with limb loss and limb difference have a wide variety of functional needs that vastly exceed simple locomotion and dexterity, all of which should be considered medically necessary.

Passage of S.B. 614 would accomplish major advances for individuals with limb loss and limb difference who rely on custom orthoses and prostheses to function. Effective January 1, 2025, the bill would:

1. Require health plans operating in Maryland to cover prosthetic limbs and custom orthoses deemed medically necessary by the treating physician in order to (i) complete activities

of daily living, (ii) perform essential job functions, or (iii) perform physical activities to maximize whole-body health and upper and lower limb function;

2. Require that a wide range of decision-making by health plans is non-discriminatory, consistent with federal law;
3. Require replacements of prostheses or custom orthoses without respect to “useful lifetime” restrictions if it is medically necessary to do so; and,
4. Define “prosthesis” and “orthosis” for clarity of coverage.

All of these provisions of the bill would be outstanding improvements over current law in Maryland, the reasons for which are highlighted below.

Coverage: The bill would establish coverage for custom orthoses and prostheses to accomplish several purposes, including simple ambulation from one place to another for lower limb amputees and the ability to manipulate objects to perform activities of daily living for upper limb amputees. Coverage is also required to assist with performance of job functions, which could be extremely cost effective and promotes return to work following injury or illness rather than reliance on public assistance.

Finally, the bill establishes coverage for activity-specific prostheses and custom orthoses to enable participation in health and fitness and other activities that are routine aspects of all individuals’ lives. All of these functions are medically necessary and the bill recognizes this explicitly. Coverage of prosthetic and custom orthotic care for these purposes will greatly improve the ability of Marylanders with limb loss and limb difference to recover, rehabilitate, function, and remain active and healthy well past their injury or illness that led to limb loss or limb difference.

There are three important points that pertain to the *activity-specific prosthetic and custom orthotic coverage requirement* in the bill.

1. Coverage of orthoses is confined to “custom” orthoses. This distinguishes this requirement from covering off-the-shelf or pre-fabricated orthoses which are much more common than activity-specific devices. This restricts this coverage requirement to individuals who truly need a custom orthoses to perform physical activities and this should help limit the cost of this provision. An example of a custom orthosis required to perform physical activity would be a specialized knee brace or custom knee-ankle-foot-orthosis to increase strength in a weak or malformed limb while performing rigorous physical activity. This also contributes to the safety of the individual while performing these activities.
2. The text of the coverage provision, as written, does not specifically state that a prosthesis or custom orthoses for the performance of specific physical activities is usually separate and distinct from a limb or brace for purposes of performing activities of daily living. Rarely does a simple walking limb or a custom orthosis satisfy the requirements to perform physical activities safely and effectively. The bill should make clear that health

plans are required to provide both a walking limb and a separate limb—both a custom orthosis for activities of daily living and a separate custom orthosis—if medically necessary, to perform specific job functions or physical activities in which the individual participates.

3. No defrayal by the State of the expense for this provision is necessary because orthotic and prosthetic benefits are already covered under the federal essential health benefits package under the category of “rehabilitative and habilitative services and devices.” This provision simply clarifies that the types of prostheses and orthoses detailed in the legislation are now—and always should have been—considered medically necessary.

Non-Discrimination: Although most of the non-discrimination provisions listed in the legislation derive from federal law, it is important that the State of Maryland reiterate their applicability to the coverage section of this bill pertaining to custom orthotic and prosthetic benefits. Particularly important provisions include:

- A prohibition on higher copayments or other financial arrangements;
- No annual or lifetime caps specific to the prosthetic or custom orthotic benefit;
- No coverage and medical necessity limitations less than those established under the Medicare program;
- No discriminatory utilization review or denial of benefits based on the individual’s actual or perceived disability;
- No discrimination compared to non-disabled individuals’ need for medical or surgical interventions;
- Choice of at least two orthotic or prosthetic providers within each plan’s network; and,
- Out-of-network provider protections.

Useful Lifetime: The provisions in the bill that require the health plan to cover replacement orthoses or prostheses without regard to the useful lifetime restrictions of the Medicare program are an important protection that will assist individuals in gaining continued access to care when deemed medically necessary by the ordering health care provider. Some payers, such as Medicare, prohibit coverage of a new orthosis if the existing orthosis needs to be replaced within three years of initial use. The Medicare program exempts prosthetics from the useful lifetime requirement and covers replacements when medically necessary, i.e., the patient has a change in his or her physiological condition, there is an irreparable change in the condition of the prosthesis, or when repairs would not be cost-effective compared to a new prosthesis or prosthetic component. The useful lifetime provision in this legislation would ensure that all prostheses and orthoses are able to be replaced when the ordering provider determines it is medically necessary, regardless of the useful lifetime of the prosthesis or orthosis. It is an important provision that should be included in the final legislation.

Definitions: The definitions of “prosthesis” and “orthosis” in the bill simply help clarify exactly what this legislation addresses and will lead to greater consistency and understanding of the orthotic and prosthetic benefit under state law.

Thank you for the opportunity to testify on this important legislation. As a Maryland resident and a near-lifelong user of prostheses, I strongly urge you to enact this legislation.

MPMA Finance SB614.pdf

Uploaded by: Richard Bloch

Position: FWA



MARYLAND PODIATRIC MEDICAL ASSOCIATION

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Telephone: (410) 332-0736

Facsimile: (410) 332-0885

February 13, 2024

Senator Pamela Beidle, Chair
Senate Finance Committee
3 East
Miller Senate Office Building
Annapolis, Maryland 21401

SB614: Maryland Medical Assistance Program and Health Insurance-Coverage for Orthoses and Prosthesis

Position: Support with Amendments

SB614: Maryland Medical Assistance Program and Health Insurance-Coverage for Orthoses and Prosthesis

Position: Support with Amendments

Dear Chair Beidle, Vice Chair Klausmeier, and Members of the Committee:

On behalf of the Maryland Podiatric Medical Association (MPMA), representing over 260 podiatrists licensed in Maryland and the practice of podiatry, I write to support SB 614 with amendments. We appreciate the Sponsor's willingness to discuss our proposed amendments and believe this bill will make quality orthotics more available to many of our patients.

On page 2, line 27, delete “, prefabricated or modified device” and insert “or” before “customized fitted”.

We strongly believe prefabricated devices do not necessarily provide patients with the best and most affordable products. Many prefabricated products offered in retail establishments do not give the patient adequate corrective measures to address their medical issues. Moreover, these products are often significantly more expensive than custom fitted products available from their podiatrist.

On page 2, lines 27-28, amend from “neuromuscular or musculoskeletal disorder or acquired condition” to “neuromuscular, musculoskeletal, acquired, or congenital condition.”

This amendment addresses the various congenital conditions that are not an acquired condition, which may require the need for orthosis.

Senator Pamela Beidle
Senate Finance Committee
February 13, 2024

On page 3, lines 16-17, insert “neuromuscular, musculoskeletal, acquired, or congenital” after “physiological”.

This amendment takes into consideration the foot growth of younger patients as well as the various changes that can occur with a patient requiring a new orthosis. Such changes include weight loss, weight gain, and sequelae of disease, injury, surgery, or amputations.

On page 3, line 28, change “3” to “1” to reflect that orthosis can be replaced yearly.

It is a commercial insurance standard that orthosis can be replaced yearly when documenting medical necessity.

On page 4, line 18, replace “physician” with “healthcare provider”.

This change to provider neutral language ensures that more than just physicians can provide orthotic and prosthetic services.

On page 5, line 6, replace “orthopedic provider” with “healthcare provider.”

This change to provider neutral language ensures that more than just physicians can provide orthotic and prosthetic services.

For these reasons, we respectfully request a favorable vote on SB 614.

Should you have any questions, please feel free to contact Richard Bloch, MPMA Executive Director, at Richard@SBHPA.com or (410) 332-0736.

Sincerely,


Adam Lowy, D.P.M., MPMA President

MPMA Finance SB614.pdf

Uploaded by: Sarah Peters

Position: FWA



MARYLAND PODIATRIC MEDICAL ASSOCIATION

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February 13, 2024

Senator Pamela Beidle, Chair
Senate Finance Committee
3 East
Miller Senate Office Building
Annapolis, Maryland 21401

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Position: Support with Amendments

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Senate Finance Committee
February 13, 2024

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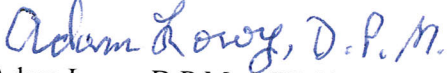
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Sincerely,


Adam Lowy, D.P.M., MPMA President

11 - SB 614 - FIN -MDH- LOI (1).pdf

Uploaded by: Jason Caplan

Position: INFO



DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

February 14, 2024

The Honorable Pamela Beidle
Chair, Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, Maryland 21401

RE: Senate Bill 614 - Maryland Medical Assistance Program and Health Insurance – Coverage for Orthoses and Prostheses - Letter of Information

Dear Chair Beidle and Committee Members:

The Maryland Department of Health (Department) respectfully submits this letter of information for Senate Bill (SB) 614 – Maryland Medical Assistance Program and Health Insurance – Coverage for Orthoses and Prostheses.

SB 614 will result in a fiscal impact to the Department of \$697.86 million total funds (\$232.35 million in state general funds and \$467.09 million in federal funds) for five years from fiscal year (FY) 2025 through FY 2029.

SB 614 requires the Medical Assistance Program to provide coverage to include orthoses/prostheses if a physician determines a device is medically necessary for completing activities of daily living, essential job activities, or performing physical activities related to ‘whole-body health,’ such as swimming and running, in addition to covering orthoses/prostheses for cosmetic purposes. The bill further requires the Medical Assistance Program to make certain changes with respect to coverage, replacement, and utilization management of orthoses/prostheses by bringing coverage into alignment with Medicare and permitting more frequent replacements under certain circumstances. The bill also establishes certain provider network adequacy requirements.

In FY 2022, the Department reimbursed \$3,441,090.69 in orthoses/prostheses claims for 6,346 Medicaid fee-for-service (FFS) participants, and \$16,235,154.27 in claims for 53,503 HealthChoice participants.

Coverage of DME/DMS for ‘Whole-Body Health’ and Cosmetic Reasons

Federal requirements

The bill requires the Medical Assistance Program to cover orthoses/prostheses for the purpose of participating in certain physical activities related to ‘whole-body health,’ such as swimming and running, in addition to covering orthoses/prostheses for cosmetic purposes. The Department notes that pursuant to §1862(a)(1)(A) of the Social Security Act, the Medical Assistance Program cannot qualify for federal matching dollars when a service is not reasonable and

necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body part. It remains unclear whether the Centers for Medicare and Medicaid Services (CMS) would deem orthoses/prostheses for ‘whole-body health’ eligible for federal matching dollars. In the event that the requested devices do not meet the medical necessity requirements under the Social Security Act, payment with 100% state general funds would be required.

FFS Impact

To ensure appropriate drawdown of federal dollars, the FFS claims requiring Utilization Control Agent (UCA) review would increase by 95%. Additionally, the Department assumes that the UCA would also review additional claims due to the ‘whole-body health’ expansion. As a result of these expanded UCA reviews, there will be a fiscal impact of \$12.34 million total funding (\$3.08 million in state general funds, \$9.25 million in federal funds) over 5 years from FY 2025 through FY 2029.

There will also be a substantial fiscal impact to cover ‘whole-body health’ orthoses/prostheses. The manufacturer's suggested retail price (MSRP) for ‘whole-body health’ orthoses/prostheses is approximately \$60,000. As per the State Plan, the Medical Assistance Program reimburses for customizable durable medical equipment (DME) without a Medicare rate at 30% less than the MSRP resulting in an estimated cost per FFS participant of \$42,000. Assuming an uptake rate of 5% among the FFS population, there would be a fiscal impact of \$70.75 million total funds (\$35.38 million in state general funds, \$35.38 million in federal funds) over 5 years from FY 2025 through FY 2029.

MCO Impact

The Department assumes that 5% of the 53,503 HealthChoice enrollees currently receiving DME will receive coverage for ‘whole-body health’ orthoses/prostheses at a cost of \$42,000/person. As a result, there will be a fiscal impact of \$596.51 million total funds (\$187.99 million in state general funds, \$410.10 million in federal funds) over 5 years from FY 2025 through FY 2029.

Expanding MCO Coverage for Additional Medicare Reimbursed Services & Changes to Prior Authorization Requirements

The Department notes that the Medicaid FFS coverage aligns with the Medicare DME coverage requirements. However, MCOs do not currently cover 87 ‘L’ codes that are covered under FFS and Medicare. Healthcare Common Procedure Coding System (HCPCS) ‘L’ codes are used by providers to bill the Medical Assistance Program for Orthotic and Prosthetic Procedures and Devices, which are considered DME. Conservatively, the Department estimates that there will be a 20% increase in utilization by MCO participants if coverage for the 87 new ‘L’ codes and changes to prior authorization standards are required, costing the Department \$17.24 million total funds (\$5.39 million in state general funds, \$11.85 million in federal funds) over 5 years from FY 2025 through FY 2029.

Finally, the Department notes that the mandatory changes to utilization management policies required under this legislation may have a more substantial fiscal impact due to costs associated

with requests for new orthoses/prostheses or their replacements based on accidents, changes in physiology, and costs of repairs.

The Department is committed to working with the Committee to determine whether there are amendments that can be made to limit the fiscal and operational impacts of SB 614.

If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs at sarah.case-herron@maryland.gov or (410) 260-3190.

Sincerely,

A handwritten signature in blue ink, appearing to read "LH Scott".

Laura Herrera Scott, M.D., M.P.H.
Secretary