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**THE SENATE OF MARYLAND**  
**ANNAPOLIS, MARYLAND 21401**  
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Chair, Finance Committee  
Executive Nominations Committee

Joint Committee on Gaming Oversight  
Joint Committee on Management  
of Public Funds  
Spending Affordability Committee

**SENATE BILL 614 MARYLAND MEDICAL ASSISTANCE PROGRAM AND HEALTH  
INSURANCE  
-COVERAGE FOR PROTHESES (So Every Body Can Move Act)**

Good afternoon, Chair Pena-Melnyk, Vice-Chair Cullison and Members of the Committee;

Thank you for hearing SB 614 today. 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. Similar legislation has been passed in Five (5) States and is currently being consider in nine (9) states.

Prostheses are needed when someone losses 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.

SB614 is much different than HB 865 that you heard in February. We worked with Commercial Carriers and Medicaid to come to consensus and the bill was significantly amended. Senate Bill 614 expands the current health insurance mandated benefit for coverage of prosthetic devices to be coverage for prostheses and replacements for prostheses. The bill also requires Medicaid to provide coverage for prostheses.

Among other requirements, the covered benefits mandated under the bill include prostheses determined by a treating health care provider to be medically necessary for completing activities of daily living, essential job-related activities, or performing physical activities, such as running and other activities to maximize whole-body health.

The Senate amendments strike from the bill provisions that would have required coverage for orthoses and replacement of orthoses.

The amendments also:

- limit the required coverage of prostheses to once annually;
- alter coverage requirements for replacements of prostheses; and
- specify that covered benefits may not be subject to higher cost-sharing requirements than those for other similar medical and surgical benefits.

There is legislative intent language relating to Medicaid coverage of certain “L” codes for prosthetic procedures and devices. Amendments also require an evaluation of the cost impact for requiring coverage of orthoses.

Maryland Medicaid indicates that by limiting the coverage expansion to prostheses only and establishing an annual limitation on coverage, the fiscal note is reduced to \$3,383,756 total funds (\$1,373,283 in State general funds) annually. This reduces the fiscal note substantially from previous estimates.

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 respectfully request a "Favorable Report" for SB 614.