



Date: February 12, 2025

To: Chair Beidle, Vice Chair Hayes and Senate Finance Committee Members

Reference: Senate Bill 406-Maryland Medical Assistance Program and Health Insurance – Coverage for Orthoses (So Every Body Can Move Act)

Position: Favorable

Dear Chair Beidle and Committee Members,

On behalf of LifeBridge Health, I appreciate the opportunity to offer our support and testimony for House Bill 406. 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 providing hope and services for trauma survivors in Baltimore City.

This bill extends Maryland's current health insurance coverage law to include personalized, medical necessary orthoses, which are defined as custom-designed, custom-fabricated, custom-molded, custom-fitted, or modified devices used to treat a neuromuscular or musculoskeletal disorder or acquired condition. This does not include orthoses that can be purchased off a store shelf.

You heard from several advocates including Nathan, who just wants to play baseball like his friends why this legislation is critical for better life outcomes. By including orthoses, Maryland's law will provide more complete coverage to allow individuals a better opportunity to return to physical activities and enable greater independence. By doing so, individuals may be at less risk of developing certain conditions triggered or exacerbated by the lack of physical activity, such as hypertension, diabetes, and vascular disease, which can add higher costs to the health insurance market than the coverage anticipated by Senate Bill-406.

Several of our patients with these medical obstacles suffer from chronic disease conditions that proper exercise-movement is required to maintain a healthy life. Unchecked, these are the risk factors that lead to costly expenses to insurers down the road. Orthotists and physicians who care for people with mobility impairments work closely together to identify the most appropriate orthoses that will best maintain the health of our patients and prevent further impairment.

Currently, coverage is limited to providing one custom 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 orthosis specific to allow safe and effective participation, this bill would provide coverage for medical eligible patients to gain the medical and psychological benefits of this activity level.

This very issue was reviewed in Colorado as a concern in meeting the federal antidiscrimination laws as an essential covered benefit. The state noted that in section 10-16-104(14), C.R.S., policy requires coverage for prosthetic devices to adequately meet the medical needs of the patient. Specifically, Section 10-16-

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104(14)(a), C.R.S., requires coverage for benefits for prosthetic devices that equal those benefits provided for under federal laws for health insurance for the aged and persons with disabilities. Furthermore, the coverage required by Section 10-16-104(14), C.R.S., and state law should not exclude or limit coverage for prosthetic devices necessary to enable a covered person to engage in physical and recreational activities.

We appreciate that this year budget restrictions may only allow coverage by commercial plans with continued study by the Department to ensure fiscal considerations are addressed. The current fiscal note should be revised as it appears to include several codes and assumptions that are not aligned with the intention of the bill. We would support additional time to evaluate the impact on Medicaid before placing a requirement on coverage. We do strongly agree that we do not want to create additional health inequities by fragmented coverage for qualified patient communities.

We ask for a favorable vote on Senate Bill-406 with technical amendments to address further study on the impact and appropriate coverage for Medicaid covered beneficiaries.

For more information, please contact:

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