

# **DRM Testimony SB 406 So Every Body Can Move Act FA**

Uploaded by: Audrey Sellers

Position: FAV

**Finance Committee  
Senate Bill 406  
Maryland Medical Assistance Program and Health Insurance -  
Coverage for Orthoses (So Every Body Can Move Act)  
February 12, 2025  
Position: Support**

Disability Rights Maryland (DRM) submits this testimony in support of Senate Bill 406, So Every Body Can Move Act, which would require Maryland Medicaid and private health insurers to provide coverage for orthoses for daily living, essential job-related activities, and physical activity for whole body health. SB 406 increases access to orthoses, making movement more accessible to all Marylanders.

Orthoses can be critical for Marylanders with disabilities to perform routine, everyday activities like work, recreation, and exercise. However, currently, health insurance rarely covers orthoses beyond what is medically necessary, which is usually limited to activities of daily living. Marylanders that need custom orthoses for work or physical activities often must pay out of pocket to participate. Orthoses can be prohibitively expensive for middle- and lower-income Marylanders, making it difficult for people who need custom orthoses to fully participate in their personal, professional, and social environments.

The "So Every Body Can Move Act" is necessary for true community integration for Marylanders with disabilities. Engaging in daily living, work, and physical activity should not be a luxury for those that can afford orthoses. SB 406 gives Marylanders with disabilities the freedom to move, build strength and confidence, and connect with other support, which are all important for maintaining mental and physical health.

Thank you for your consideration of this critical legislation. For these reasons, we request a favorable report on SB 406. Please do not hesitate to contact me AudreyS@DisabilityRightsMD.org or (443) 692-2507.

Respectfully submitted,

Audrey Sellers  
Advocate  
Disability Rights Maryland

# **SB0406\_FAV\_MedChi\_Medicaid & HI - Coverage Orthose**

Uploaded by: Danna Kauffman

Position: FAV



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*The Maryland State Medical Society*  
1211 Cathedral Street  
Baltimore, MD 21201-5516  
410.539.0872  
Fax: 410.547.0915  
1.800.492.1056  
www.medchi.org

Senate Finance Committee

February 12, 2025

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

**POSITION: SUPPORT**

The Maryland State Medical Society (MedChi), the largest physician organization in Maryland, supports Senate Bill 406. This bill extends Maryland's current health insurance coverage law on prostheses to include 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.

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.

We ask for a favorable vote on Senate Bill 406 for these reasons.

**For more information, call:**

Danna L. Kauffman

J. Steven Wise

Andrew G. Vetter

Christine K. Krone

410-244-7000

# **Maryland Catholic Conference\_FAV\_SB406.pdf**

Uploaded by: Diane Arias

Position: FAV



**February 10, 2025**

**Senate Bill 406**

**Maryland Medical Assistance Program and Health Insurance - Coverage for  
Orthoses (So Every Body Can Move Act)  
Senate Finance Committee**

**Position: Favorable**

The Maryland Catholic Conference (MCC) is the public policy representative of the three (arch)dioceses serving Maryland, which together encompass over one million Marylanders. Statewide, their parishes, schools, hospitals, and numerous charities combine to form our state's second largest social service provider network, behind only our state government.

**Senate Bill 406** requires the Maryland Medical Assistance Program and certain insurers, nonprofit health service plans, and health maintenance organizations to provide certain coverage related to orthoses beginning January 1, 2026; defining "orthosis" as a certain custom device to treat a neuromuscular or musculoskeletal disorder or acquired condition; and establishing that certain insurers, nonprofit health service plans, and health maintenance organizations must comply with certain provider network requirements.

Orthotic devices are essential for individuals with disabilities or musculoskeletal conditions to maintain mobility, which is crucial for both physical and mental well-being. Mobility enables individuals to perform daily tasks, supports proper blood circulation and oxygen delivery to vital organs, and facilitates exercise, which boosts endorphins, reduces pain, and helps alleviate depression. Orthotics help restore mobility that would otherwise be painful or impossible, promoting health equity and allowing individuals to experience the normalcy enjoyed by those who do not require such aids.

By improving flexibility and reducing pain, orthotic devices enable users to engage in more physical activity, which can strengthen underused muscles and improve overall health. Research shows that lower limb orthoses are associated with significant benefits, such as increased stride length, faster walking speed, reduced energy expenditure, and improved balance.<sup>1</sup> These devices enhance mobility and reduce discomfort, leading to better health

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<sup>1</sup><https://pmc.ncbi.nlm.nih.gov/articles/PMC10111250/#:~:text=Use%20of%20lower%20limb%20orthoses,sway%20while%20standing%20with%20feet>

outcomes and a higher quality of life. Given their importance, orthotic devices should be covered by service plans, especially for individuals who rely on them to live independently. Providing access to these devices not only protects the health of vulnerable individuals but also upholds their dignity by fostering inclusion and integration within their communities. Ensuring coverage of orthotic devices affirms the inherent value and dignity of every person, supporting their ability to lead full and meaningful lives.

For these reasons, the Maryland Catholic Conference asks for a favorable report on **SB 406**.

Thank you for your consideration.

# **SB406 2025 NAPNAP.pdf**

Uploaded by: JD Murphy

Position: FAV



2/10/25

Maryland Senate  
Finance Committee  
3 East Miller Senate Office Building  
Annapolis, Maryland 21401

Dear Honorable Chair, Vice-Chair and Members of the Committee:

On behalf of the pediatric nurse practitioners (PNPs) and fellow pediatric-focused advanced practice registered nurses (APRNs) of the National Association of Pediatric Nurse Practitioners (NAPNAP) Chesapeake Chapter, I am writing to express our support of **SB 406 Maryland Medical Assistance Program and Health Insurance - Coverage for Orthoses (So Every Body Can Move Act)**.

This bill would require Maryland Medical Assistance Program and certain insurers, including nonprofit health service plans, and health maintenance organizations to provide certain coverage related to orthoses and prostheses.

By mandating coverage for orthoses, this legislation addresses a critical need for individuals, including children, who require these custom devices to manage and improve their mobility, independence, and quality of life. For example, children with cerebral palsy or other neuromuscular conditions often rely on orthoses for physical support and functional improvement. Ensuring insurance coverage for these devices will alleviate financial burdens on families and ensure that children receive the care they need without delay.

In the majority of cases, 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, risk serious injury by exercising with improper devices, or hope to be one of the lucky few to receive a charitable gift or sponsorship. Over 50 nonprofits exist in the United States to provide donated orthotic and prosthetic care that is not covered by insurance, helping thousands of people each year; but collectively, they cannot meet the needs of over two million people living with limb loss in the United States and countless more with limb difference and mobility impairments.

As healthcare providers, we have firsthand knowledge of the challenges faced by Maryland’s children, particularly those from underserved communities. HB 383 addresses these challenges by ensuring equitable access to orthoses, which are essential for treating various disorders and conditions. By implementing this measure, Maryland can lead the way in reducing health disparities and improving outcomes for vulnerable populations.

For these reasons the Maryland Chesapeake Chapter of NAPNAP extends their support to **SB 406 Maryland Medical Assistance Program and Health Insurance - Coverage for Orthoses (So Every Body Can Move Act)**.

The pediatric advanced practice nurses of your state are grateful to you for your attention to these crucial issues. The Chesapeake Chapter of the National Association of Pediatric Nurse Practitioners membership includes over 200 primary and acute care pediatric nurse practitioners who are committed to improving the health and advocating for Maryland's pediatric patients. If we can be of any further assistance, or if you have any questions, please do not hesitate to contact the Chesapeake Chapter President, President, Yvette Laboy at [mdchesnapnapleg@outlook.com](mailto:mdchesnapnapleg@outlook.com).

Sincerely,

Yvette Laboy

Dr. Yvette Laboy RN, DNP, CPNP-AC, CCRN, CPN  
National Association of Pediatric Nurse Practitioners (NAPNAP)  
Chesapeake Chapter President

*Lindsay Ward*

Ms. Lindsay Ward MSN, CPNP-PC, IBCLC  
National Association of Pediatric Nurse Practitioners (NAPNAP)  
Chesapeake Chapter Immediate Past-President

JD Murphy

Dr. Jessica D. Murphy RN, DNP, MSN, BSN, CRNP-AC, APRN, CNE  
National Association of Pediatric Nurse Practitioners (NAPNAP)  
Chesapeake Chapter Legislative Chair

*Evgenia Ogorodova*

Dr. Evgenia Ogorodova- RN, DNP, BSN, CPNP-PC, APRN  
National Association of Pediatric Nurse Practitioners (NAPNAP)  
Chesapeake Chapter Legislative Chair

# **APTA MD - 2025 Testimony - Support - SB406 - So Ev**

Uploaded by: JD Sheppard

Position: FAV

# APTA Maryland

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### Our Vision

*Transforming the diverse communities in Maryland to advance health and wellness by optimizing movement and function across the lifespan.*

February 12, 2025

The Honorable Pam Beidle, Chair

Senate Finance Committee

Miller Senate Office Building, Room 3 East

11 Bladen St., Annapolis, MD 21401

### RE: Senate Bill 406 - SUPPORT

Dear Chair Pena Melnyk,

The American Physical Therapy Association Maryland is writing to register our support of Senate Bill 406, also known as **the So Every Body Can Move Act**.

The purpose of this legislation is to require the Maryland Medical Assistance Program and certain insurers, nonprofit health service plans, and health maintenance organizations to eliminate burdensome requirements, protect patients, and improve device replacement policies.

Marylanders living with limb loss or limb differences are unable to afford and access orthotics that help them be physically active due to inadequate insurance coverage. This legislation provides improved coverage for orthoses, replacements, repairs, and parts that do not currently exist.

**For the reasons noted above, we are asking for a favorable report on Senate Bill 406.**

Sincerely,

Roy Film, PT, DPT

President, APTA Maryland

# **2025 MOTA SB 406 Senate Side.pdf**

Uploaded by: Jennifer Navabi

Position: FAV



# Maryland Occupational Therapy Association

PO Box 36401, Towson, Maryland 21286 ♦ [mota-members.com](http://mota-members.com)

<b>Committee:</b>	<b>Senate Finance Committee</b>
<b>Bill Number:</b>	<b>Senate Bill 406</b>
<b>Title:</b>	<b>Maryland Medical Assistance Program and Health Insurance - Coverage for Orthoses (So Every Body Can Move Act)</b>
<b>Hearing Date:</b>	<b>February 12, 2025</b>
<b>Position:</b>	<b>Support</b>

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The Maryland Occupational Therapy Association (MOTA) supports *Senate Bill 406 – Maryland Medical Assistance Program and Health Insurance - Coverage for Orthoses (So Every Body Can Move Act)*. The bill will redefine orthosis and require Medicaid and private insurance to cover orthoses, components, repairs, and some replacements once annually.

Occupational therapists often work with patients who receive orthoses as part of the medical team working with the patient as they go through rehabilitation. A proper fitting orthosis that is custom molded is imperative to proper patient treatment. Currently, Maryland requires insurance coverage for prostheses but not orthoses. Orthotic 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 range in the thousands and often prohibit people from getting access to this technology. As a result, physical activity accessible by specialized orthoses is severely limited. Without insurance coverage, individuals with 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 differences. We ask for a favorable report. If we can provide any further information, please contact Michael Paddy at [mpaddy@policypartners.net](mailto:mpaddy@policypartners.net).

# **LBH FAV SB406- Coverage for Orthoses.pdf**

Uploaded by: Jennifer Witten

Position: FAV



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-

**CARE BRAVELY**



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:

Jennifer Witten, M.B.A.

Vice President, Government Relations & Community Development

[jwitten2@lifebridgedhealth.org](mailto:jwitten2@lifebridgedhealth.org)

# **SEBCM Orthotic Written Testimony.pdf**

Uploaded by: Jonas M Ljung

Position: FAV

Dear Members of the Maryland State Senate Finance Committee,

My name is Jonas Ljung and I am an Orthotist treating a variety of patients (a high percentage receiving Maryland Medicaid benefits) at Hanger Clinic. I am writing to express my strong support for the inclusion of activity-specific orthoses as a covered benefit under insurance plans in Maryland. As healthcare provider specializing in pediatrics, I have witnessed firsthand the profound impact that these specialized devices can have on both the physical and psychological health and quality of life of my patients.

Activity-specific orthoses are custom-made devices designed to support, align, prevent, or correct deformities or to improve the function of movable parts of the body for highly specialized tasks such as sports. Unlike standard orthotic devices designed for everyday wear and use (eg walking), these orthoses are designed in different alignments or functions unique to the needs of individuals engaged in sports (eg running, kicking a ball, holding a kayak paddle). As a clinician, I have designed and fit orthotic devices to facilitate a patient, with a congenital limb difference, kayaking with her family and not having to ride as a passive passenger when her family is out on the river, to help a child with cerebral palsy pedal a bike with both legs instead of just with one side and another child with cerebral palsy who complained they could not kick a soccer ball as well as their peers because their orthoses designed for walking did not allow them to run to strike the ball with the proper part of their foot.

One of the most compelling reasons to support insurance coverage for activity-specific orthoses is their potential to significantly enhance the quality of life and allow children to participate with their able bodied peers and family members. Furthermore, by

addressing biomechanical issues we can potentially prevent injuries, and encourage a more active lifestyle contributing to long-term health benefits and cost savings for the healthcare system.

I urge you to consider the critical role activity-specific orthoses play in improving patient health outcomes and quality of life. Including these devices as a covered benefit under insurance plans will ensure broader access for those in need, ultimately promoting a healthier and more productive population.

Thank you in advance for your time and consideration.

Sincerely,

Jonas Ljung CPO, MSPO  
Clinic Manager  
Hanger Clinic

# **SB 406 Testimony Cost Study feedback.pdf**

Uploaded by: Kyle Stepp

Position: FAV



February 10th, 2025

The Honorable Pamela Beidle,  
Chair, Senate Finance Committee  
3 East Miller Senate Office Building  
Annapolis, MD 21401-1991

**Re: Report on the “L” codes utilization within the All-Payer Claims Database and cost impact of Orthoses coverage as per the requirements of SB 614 (Chs. 822 and 823 of the Acts of 2024) (MSAR # 15605)- Stakeholder Feedback, Letter of Information**

Dear Chair Beidle and Committee Members:

The advocates on behalf of So Every BODY Can Move respectfully submit this letter of information for Senate Bill (SB) 406- Maryland Medical Assistance Program and Health Insurance – Coverage for Orthoses (So Every Body Can Move Act).

In keeping with the requirements of Senate Bill (SB) 614/House Bill (HB) 865, *Maryland Medical Assistance Program (Medical Assistance) and Health Insurance - Coverage for Prostheses (So Every Body Can Move Act)* (Chs. 822 and 823 of the 2024 Acts), the Maryland Department of Health (MDH), in collaboration with the Maryland Health Care Commission (MHCC), and in consultation with the Maryland Insurance Administration (MIA), completed a report on the review of the utilization of “L” codes and related codes within the All-Payer Claims Database; as well as, analysis of the cost impact of requiring coverage for medically necessary orthoses for physical activity.

The comprehensive report includes some information which must be addressed during this legislative session. The items below specifically reference items in report provided by MDH on January 2, 2025:

- 1) Page 2, bottom of paragraph 2: *“While coverage for prosthetic devices for medical necessity is a mandated benefit for both commercial payers and Medicaid in Maryland, coverage of prostheses for whole-body health was not mandated until SB 614... (Chs. 822 and 823 of the 2024 Acts), was passed.”*

This is an inaccurate interpretation of the legislation. According to the NIH, whole-body health (or whole person health) involves looking at the whole person—not just

separate organs or body systems—and considering multiple factors that promote either health or disease<sup>1</sup>. The reason for including the phrase whole body health in the legislation is that when we provide patients with prostheses/orthoses, we are treating the patient in their entirety as a person; we evaluate them by more than just their body segment in order to ensure that the intervention is medically necessary. More specifically, we use that term because a primary, daily use prosthesis or orthosis is typically not designed, nor capable of being used for, completion of all possible activities that an able-bodied person can complete.

In this case (SB 614/HB 865) and for the legislation this year (HB 383), activity-specific prostheses and orthoses could be used for activities like running where a daily use prosthesis or orthosis could not. Therefore, it is medically necessary to provide patients with a secondary device in order to achieve whole body health. What did not previously exist (prior to last year) was coverage for activity-specific prostheses, which will improve whole body health. **Prostheses, orthoses, and associated codes that might benefit a patient's whole-body health, but are not related to physical activity should not be included in coverage for last session's updated statute, nor this year's legislation.**

- 2) Page 3, paragraph 2: *“One of the key assessments providers use in determining the prostheses or orthoses to prescribe for an individual is an assessment called the Medicare Functional Classification Level (MFCL) (also known as a K-level assessment) which is performed in order to determine the maximum rehabilitation and mobility that an individual could achieve were they to be provided with appropriate physical and occupational therapies as well as prostheses and orthoses.”*

This is an incorrect statement. K-levels (functional levels) are only used to determine current function or functional potential for unilateral lower limb prosthetic users (bilateral lower extremity users do not need to be classified based on Medicare guidelines). K-levels are not applicable for orthosis users or any upper limb users (prostheses or orthoses). There is no functional level scale for orthosis users. K-levels are only used as a guide for the process of prescribing and reimbursement for unilateral lower limb prosthesis users.

- 3) Page 4, paragraph 2: *“Nearly 60,000 Marylanders with Medical Assistance have claims or encounters associated with prostheses and orthoses every year (see Table 1).”*

This claims data needs to be show separation between prosthesis users and orthosis users in order to properly predict data trends. There will be significantly fewer prosthesis users in the states vs orthosis users. Cost of prosthetic devices will be higher than orthotic devices, though the quantity/units of orthoses billed would likely be significantly higher compared to prostheses.

- 4) Page 6, bottom of paragraph 2: *“Unit cost trends demonstrate variations across markets between CY21 – 23, with average cost per unit...”*

To expand on the point above, there will be significant differences in the cost of prosthetic vs orthotic services. Providing an average cost per unit without a clear delineation between prostheses and orthoses does not allow for the ability to calculate accurate cost projections or understand possible cost implications of the new law and HB 383, which is only addition of coverage for activity-specific orthoses.

- 5) Page 7, top line and Table 2: *“...average cost per unit increasing from \$162 in CY21 to \$172 in CY23; however, when these unit costs are evaluated across total utilization and unduplicated individuals, the unit cost shows a consistent reduction in unit cost (CY21: 3.4% down to 3.0% in CY23)”*

Our interpretation of this statement is that the average cost per unit increases from 2021 - 2023, meaning that the codes being billed on average are going up in cost or have a higher reimbursement for the provider, but the number of codes/units being billed is decreasing (as seen in total units column and unit cost trends column). Therefore, this is a downward trend in the overall cost to the insurance for prostheses and orthoses.

- 6) Page 10, paragraph 2: *“MDH’s clinicians reviewed the Fee Schedule and determined that 258 orthotic “L” codes on the Fee Schedule met the criteria wherein a provider might prescribe an individual multiple sets of the same orthotic “L” code”*

MDH has provided a copy of the codes; 25 are off-the-shelf (OTS) orthoses, 18 are for fracture treatment/post-operative, and 35 are orthopedic shoe codes/shoe additions. These are not custom orthoses for physical activity, and therefore would not be relevant to the expanded coverage proposed in HB383.

- 7) Page 10, paragraph 4: *“In CY22, there were 37,396 total Medicaid participants who utilized the aforementioned list of 258 “L” codes for orthoses; in CY23 this number increased to 38,420”*

The number of individuals who received orthoses increased per the report, but the actual number of orthoses provided decreased. This is evident in Table 3 (page 11).

- 8) Page 11, paragraph 2: *“Using CY23 data as a baseline, MDH projected expected orthoses costs for CY24, CY25, and CY26 under the existing coverage policy”*

It is unclear why there is an expected upward trend in cost in the projected data (Tables 4 and 5), whereas the actual data provided showed a downward trend in cost (Table 3).

- 9) Page 12, paragraph 1: *“...among amputees receiving a prosthesis, approximately 95% are initially assessed at a K-level of 2 or 3, and with physical activity, a subset of individuals are able to increase their mobility by at least one K-level, potentially*



*resulting in the need for new orthoses paired with higher K-level prostheses required to participate in whole-body health activities. Among Maryland Medicaid MCO participants, 68% of the population utilizing orthoses are less than 50 years of age, suggesting that they may be more likely to reap the benefits of therapies that would allow them to expand their capacity to participate in whole-body health activities potentially requiring new orthoses.”*

Data used to determine utilization for prosthetic users is not an accurate way to calculate projected utilization for orthotic users.

10) Page 21: *“Assumptions used to estimate the cost of expanding coverage to include whole-body health...FFS and MCO populations will increase their use of orthoses equally at a rate of 30% if the orthoses benefit is expanded to include whole-body health”*

This assumption was based off of the Minnesota actuary report, which can be found here: <https://mn.gov/commerce-stat/insurance/industry/policy-data-reports/62J/MN-AIR-Evaluation%20Report-Prosthetics-Orthotics-508.pdf>

- The Minnesota legislation is different than HB 383. Minnesota’s report is inclusive for insurance fairness for prostheses and orthoses, coverage for everyday and activity-specific orthoses and prostheses, as well as shower/bathing devices. HB 383 only expands coverage for custom orthoses for physical activity. To determine prevalence and utilization in Minnesota, the Minnesota Department of Health provided the Actuarial Research Corporation with a list of CPT/HCPCS procedural codes to use in order to complete their analysis. **Of the 26 codes used for their analysis, only 4-6 of the codes are relevant for HB 383.**

11) Page 21: *“Limitations in determining implications of expanding orthoses coverage to include whole-body health...K-levels: MDH has no way to capture the K-level of MCO or FFS participants.”*

This is accurate. However, there is no way to capture K-level for their orthosis users because K-level functional levels are not an existing classification for orthosis users.

**Main takeaway: The methodology used in the report to calculate the fiscal cost of HB 383 does not provide an accurate projection for utilization or cost.**

We, the stakeholders, have already reached out and met with MDH to discuss the information detailed above, specifically:

- the interpretation of “whole-body health” as it relates to the intention of the legislation
- a revision of cost projections using only custom orthoses relevant to the proposed coverage expansion

- a separation of utilization data for prostheses and orthoses in order to more accurately show costs associated with utilization

**MDH has agreed to revise the cost study calculations using the coding data provided by the advocates to ensure the calculations are relevant to SB 406/HB 383.** We are committed to working with the Committee to determine whether there are amendments that can be made to the legislation to ensure that intention and interpretation are properly aligned in order to limit the fiscal impacts of SB 406.

If you would like to discuss this further, please do not hesitate to contact Sheryl N Sachs, MSPO, CPO, lead advocate, at [sebcm.md@gmail.com](mailto:sebcm.md@gmail.com).

Best,

Kyle Stepp

Kyle Stepp  
Strategic Partnerships Lead  
So Every BODY Can Move

Citations:

- 1- <https://www.nccih.nih.gov/health/whole-person-health-what-it-is-and-why-its-important>

# **Testimony 2025.pdf**

Uploaded by: Michele Kreider

Position: FAV

**Testimony From Michele Kreider  
in Support of SB0604/HB1398  
Distribution of Heroin and/or Fentanyl Causing Serious Bodily Injury of Death,  
(Victoria, Scottie, Ashleigh and Yader's Law)**

As in 2024, I am again in support of the above-named law and newly renumbered bills for 2025. My son is one of thousands who succumbed to Fentanyl poisoning. Blair Ross Kreider was found dead at the age of 33 on 11/18/2020. He had been battling addiction through a methadone program and relapsed during the height of COVID isolation. The stigma of being shamed by his addiction did not help his situation. He struggled in silence. The methadone program was not a permanent answer but a steppingstone to slowly adjust his body from addiction so that withdrawal might not be so severe.

Listed is what was found in Blair's toxicology report:

- Despropionyl fentanyl, 4-fluoroisobutryl fentanyl, methadone, morphine, xylazine.

Blair relapsed and fentanyl was the tip of the iceberg. He began opioids as a teen after a dirt bike accident left him with a broken back. He eventually healed, but once a back has been broken, pain is what must be dealt with as life moves on. Fentanyl was unheard of back then.

The police have not contacted me re an investigation, nor have they returned his 3 cell phones that were taken as evidence at the time of his death. Isn't that why they took his phones? Who provided Blair with the deadly cocktail? A murderer provided him with a deadly cocktail. These people need to be put in jail for aiding in the murder of a recovering addict.

**A DEAD PERSON CANNOT BE TREATED!**

**FACTS:**

Prior to 2020, most Americans, including myself, were unaware of illicit fentanyl. By 2020, drug deaths rose from 65,000 by fentanyl-laced illicit drugs. By 2023, drug deaths peaked above 112,000 with fentanyl responsible for the majority of these deaths.

2024 is too early in the year to obtain correct numbers, especially because some of these deaths are written off as "drug addicts overdosing" when in fact, most are being poisoned with fentanyl. Why not just pour arsenic into someone's rum & coke? What's the difference?

The Fentanyl crisis is still the leading cause of death among Americans aged 18-45; this has not changed. Recent reports citing drug overdoses have gone down is useless. This crisis is far from over. It's still BIG.

**Politics of Fentanyl/Heroin 2024-25 – Why I am in support of these bills?** 2025 is the first time a president has publicly announced a glimmer of hope to shut down illicit drug sales. If the distributors are proven guilty of the charges outlined in this bill, this bill enforces accountability and will keep dealers off the streets—big time dealers only profit from little time dealers. Profits can only be made by people who are allowed to profit.

# **SB 406 Orthoses Testimony.pdf**

Uploaded by: Pamela Beidle

Position: FAV

**PAMELA G. BEIDLE**  
*Legislative District 32*  
Anne Arundel County

Chair, Finance Committee

Executive Nominations Committee

Joint Committee on Gaming Oversight

Joint Committee on Management  
of Public Funds

Spending Affordability Committee



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Pamela.Beidle@senate.state.md.us

**THE SENATE OF MARYLAND**  
**ANNAPOLIS, MARYLAND 21401**

February 12, 2025

**SB 406**  
**Maryland Medical Assistance Program and Health Insurance**  
**Coverage for Orthoses**  
**(So Every Body Can Move Act)**

Good afternoon Vice Chair Hayes and Members of the Finance Committee;

Thank you for the opportunity to present SB 406, Maryland Medical Assistance Program and Health Insurance Coverage for Orthoses, the expansion of the So Every BODY Can Move Act. Last session, Nathan blew us all away, talking about how he needs a specialized prosthetic leg to play travel baseball with his peers, but insurance would only pay for an everyday prosthesis. With our help, SB 614 passed and as we speak, Nathan is in the process of getting his new sports leg, allowing him to be physically active like his peers. We have changed his life, and the lives of other children and adults across the state, by giving them access to medically necessary prosthetic legs and arms for physical activity.

One of the major compromises of last year's legislation was removing all coverage for custom orthoses. Senate bill 406 re-introduces coverage for custom orthoses for physical activity. Orthoses/orthotic devices are external brace/supports to treat a congenital, neuromuscular, musculoskeletal disorder or acquired condition. The bill matches the coverage and language of the prosthetics bill which unanimously passed the Senate last session.

The disability community is at a significantly higher risk of physical inactivity when compared to their able-bodied peers. 50% of adults with disabilities get not aerobic physical activity and the prevalence of obesity in children with mobility impairments is twice that of children without disabilities. This legislation will change lives and significantly decrease costs associated with the significant co-morbidities associated with physical inactivity—diabetes and cardiovascular disease just to name two—with a small up-front cost.

Please note that the fiscal note\* is based on the cost study completed by the state, but multiple billing codes included in the calculations are not relevant for this bill. The advocates, who you will hear from shortly, have already met with MDH, who is working to revise their calculations.

Together, we can help ensure that Marylanders have access to medically necessary custom orthoses for physical activity. I respectfully request the committee a favorable report on SB 406.

## **2025 TCC SB 406 Senate Side.pdf**

Uploaded by: Robyn Elliott

Position: FAV





**Committee:** Senate Finance Committee

**Bill Number:** Senate Bill 406

**Title:** Maryland Medical Assistance Program and Health Insurance – Coverage for2  
Orthoses (So Every Body Can Move Act)

**Hearing Date:** February 12, 2025

**Position:** Support

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The Coordinating Center supports *Senate Bill 406 – Maryland Medical Assistance Program and Health Insurance - Coverage for Orthoses and Prostheses*. This bill will require Medicaid and private insurance coverage for orthoses.

Our organization provides care coordination to nearly 10,000 Marylanders annually to individuals enrolled in Maryland Medicaid programs, including the Community First Choice Program, and other 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 possible in their own communities. Some clients need orthoses to support their mobility and ability to navigate activities of daily living.

Please vote favorably on this legislation. If we can provide any further information, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net).

## **Group Testimony SB 406.pdf**

Uploaded by: Sheryl Sachs

Position: FAV

Date: 02/10/2025

To: Chair Beidle, and Vice Chair Haynes of the Senate Finance Committee

Reference: SB0406- Maryland Medical Assistance Program and Health Insurance-Coverage for Orthoses (So Every Body Can Move Act)

Position: Support/Favorable

Dear Chair Beidle, and Committee Members:

We are grateful for the opportunity to share our comments on Senate Bill 406 and to encourage your support for this piece of legislation. We are a group of individuals who work with individuals who require custom orthoses. Many of us work at orthotic & prosthetic companies (clinics) that serve patient across the state of Maryland, while some of us are physical/occupational therapists or adaptive sports professionals. We all interface with patients with a wide range of diagnoses who require orthoses as clinicians/therapists who directly serve our patients, technicians who fabricate their unique custom orthotic devices, or administrators who keep our offices running smoothly. Every day, we work alongside our patients in their hardships and struggles to reach their goals. 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.

This bill is an expansion of coverage of last session's SB 614, which requires coverage for medically necessary prostheses for physical activity. Below is a collection of testimony from a variety of individuals who ask for your support of SB 406:

I treat many mostly pediatric patients who live and play in Maryland. I have treated patients who have expressed desire and difficulty participating in recreational activities with friends and family including but not limited to kayaking, running, archery, and soccer. Activity specific orthoses which would facilitate their participation in recreational activities enhances their ability bond with their peers/family members, explore interests and enrich their lives.

Orthoses are integral part of providing patients the ability to ambulate, which provides physical wellness, mobility, and a return to an improved quality of life.

Helping our patients participate in life activities will improve not only the patient's quality of life, but the life they have with their family and friends.

Access to activity specific devices would give patients the ability to live a normal life and have better peer engagement, as well as improved health due to the ability to participate in more activities.

Being able to leave the house and join friends on cruises and other activities we participated in before.

All patients should have the ability to live their lives to their fullest potential, and having an activity specific orthosis or prosthesis helps them to do just that!

Tailoring a device to fit all of a patient's needs is next to impossible, which is why we focus on the most common activities of daily living for a patient's brace. Allowing patients to utilize different technology for specific tasks will increase the ways our patients can interact with the world around them, impacting patient outcomes and their quality of life in a positive way.

There are many patients that suffer from conditions that require a special inserts or shoes or special orthotics that help their quality of life.

We do not use the same pair of shoes every day. We have different shoes for different reasons - golf shoes, dress shoes, running shoes, walking shoes, winter boots. Orthoses should not be treated differently. Our ability to have activity specific orthoses enables patients to return to a life closer to what they had prior to injury, trauma, or neurological incident. Activity specific orthoses are instrumental in enabling our patients to maintain a high quality of life. Thank you for your consideration in this important bill that will benefit so many in need of your help.

The patient will greatly benefit from having orthotics, as they can help improve their overall comfort and stability. This will not only enhance their performance in daily activities but also support them in performing better at work, making tasks easier and more efficient.

We would love for this bill to pass it would greatly impact and improve our patients lives to their fullest potential.

Access to activity specific orthoses would allow my patients to pursue their personal and professional goals without limitation due to mobility or pain like exploring parks and beaches, playing sports, or walking on terrain that requires a different orthotic design compared to their day to day life.

It is essential for patients that require orthotics to ambulate have a separate orthotic for activity or sport as many orthotics would not hold up to activity or need to have special modifications in order to participate. This would be life changing for so many patients!

Orthoses designed for standing and walking are totally different in construction due to needs for impact, moisture protection, weight limits, etc. However, they may end up being coded and billed for in a similar manner. I have many patients who participate in activities like weight-lifting, adaptive power lifting and cross fit, wheelchair basketball and handcycling, wheelchair fencing, adaptive sailing, among other activities. They are required to use their every day orthoses in environments that could cause damage to their devices. Many orthoses are not designed for activities like deep squats or jumping, and using inappropriate orthoses for these activities could lead to patient injury and/or premature breakage of the device. Movement is a necessary right, not a luxury.

I support this bill and effort because I get to witness as an O&P Administrative employee how we are changing the dynamics of our patients lives. I have a much better understanding of the great benefits that would come with this to aid many patients across our state. I have witnessed how the O&P industry is helping families and communities at large across our state. "So Everybody Can Move" is a great and essential connection to healthier living and a better quality of lives that would be very beneficial to the patients.

Access to activity-specific orthotic devices will enable patients affected by limb differences to lead healthier and more engaged lives. Ensuring there is an insurance benefit for these types of devices will afford O&P clinicians the opportunity to provide equitable care to patients of all ages.

Special use orthoses are an essential part of living a healthy life for those who require them. It is not a luxury or a convenience to be able to participate in exercise and sports and special activities. Coverage of special use orthoses is a bargain if, as we know from extensive clinical experience and research, the function made possible by a proper supportive orthosis allows for maintaining an active lifestyle which prevents illness and improves quality of life. The return on investment is clear.

I have seen several patients who would benefit from engaging in physical activities with an activity-specific orthosis, but are unable due to costs and lack of insurance coverage. All patients, ranging from children to adults deserve to do what makes them happy. Engaging in physical activity and returning to activities they once enjoyed improves mental health and well-being.

Many patients need specialized orthoses to have access to the beach/ocean, pool, boat, kayak, etc. Orthoses that have metal parts cannot be used in the pool or ocean as they will corrode, seize, or break. Sometimes the best orthosis for someone to use for daily walking is not the right orthosis for transferring, running, or jumping during cross-fit. Sometimes the orthosis that fits well into your shoes for daily activities is no safe to use with for water based activities, such as getting from the locker room to the pool, getting in/out of the ocean/pool/lake, or taking a shower/bath when traveling without a shower chair. Being able to provide orthotic devices 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, opening new opportunities, and improving the physical and mental well-being.

As an O&P technician who fabricates the devices for the patients, I can see the impact it can have on the patients across Maryland having a second device for different activities. Fabrication material and components can widely vary on what the device will be primarily used for.

By allowing patients to have a secondary device to meet specific needs, you are ensuring they have access to live full lives. A single device for everyday use is not always appropriate for other lifestyle activities that may include high impact or water submersion, for instance. A secondary device for those who would qualify can provide a true physical and psychological benefit to help restore their maximum function.

This bill will allow improved access to activities that will increase quality of life. Individuals who require orthotics will be able to engage in physical activities beyond just walking. Research shows that exercise and physical activity is a strong predictor of future health complications, especially in populations already at high risk for morbidity and mortality.

Individuals need to have flexibility of movement to allow them to respond to various environmental demands and increased their activity level to maintain appropriate health and reduce risk of further health challenges.

Additional orthoses will allow for greater independence in the community while promoting improved quality of life.

Orthosis users often have unique needs to keep them able to move and stay healthy in more than one way. It's limiting to their lifestyle and health to limit their orthotic ability. When someone loses mobility and their health degrades, it ultimately creates a bigger strain on the healthcare system.

We recently delivered a unique custom WHFO with a disconnecting finger plate for daytime use of a WHO and nighttime WHFO. We are limited by the codes that do not apply to such an innovative device and insurance that will not cover a secondary, or activity-specific orthosis. Although successful, this is not sustainable, until activity specific orthoses are covered.

Marylanders need this legislation; last session you passed SB 614, providing coverage for activity-specific prostheses. 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 and adults 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 SB0406.

Thank you for your consideration and your support,

Representatives from:

Dankmeyer, Inc.  
Hanger, Inc.  
Lifebridge Health  
Medstar Health  
Move United  
Kennedy Krieger Institute

Adrienne Castle  
Jonas Ljung, CPO, MSPO  
Susan Dumler, OTR/L, CHT  
Leah Meunier, MSPO, CPO  
Natalya Beranek, CPO, MSPO  
Richard Krosin, CPO  
Karen Curtis  
Holly Hendrix, CPO  
Judith Taylor  
Sandra Barber  
Shawnda Carr  
Benjamin Douty  
Stephanie Mills, MA OA  
Zury Majano  
Benjamin Higgs, CPO, Area Clinic Manager  
Melinda Stapleton, OA  
Maira Arias  
Channon Skarson  
Talaya L. Wilson  
Anita Law  
Molly Luckinbill  
Claire Vallery, CPO, MSPO  
Kayleigh McCuley-Sayer, Ed.D.  
Tracy Shaw, CO, BOCP  
Cole Branche, MSPO, CPO  
Abigail Iacangelo  
Rochelle Groves, CPO  
Jami Biven OA  
Jeremy Halteman, CPO  
Karen Randall

Rebecca Russell  
Kristin Boswell  
Angela Alvaro  
Mark S. Hopkins, PT, CPO  
Victoria Hall  
Rebecca Frost, CPO, MSPO  
Lukas Baner, CTPO  
Laura Gold  
Rhianna Lapen, PT, DPT  
Brittany J Eagles  
Emily Soriano, PT, MSPT  
Angie Bryl, CPO  
Brianna M. Kwon, PT, DPT, NCS  
Shannon Doran, PT, DPT  
Dr. Kaitlin Boushell  
Amy Jo Smith  
Jonathan Mitchell Stuchlik, CPO/LPO  
Kavita Nadendla, MD



# **SNS SB0406.pdf**

Uploaded by: Sheryl Sachs

Position: FAV

Date: 02/10/2025

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

Reference: SB0406- Maryland Medical Assistance Program and Health Insurance- Coverage for Orthoses (So Every Body Can Move Act)

Position: **Support/Favorable**

Dear Chair Beidle, and the HGO Committee Members:

My name is Sheryl Sachs, MSPO, CPO. I appreciate the opportunity to comment and urge your support for Senate Bill 406.

It is because of your efforts last year that SB 614, the So Every Body Can Move Act, was signed into law. Individuals across the state will now have access to medically-necessary prostheses for physical activity. It is difficult to put into words how life-changing this increased access to care will have on these individuals. Nathan, who testified at the bill hearing last year, is starting the fitting process for his new baseball leg; his life is forever changed for the better because of your support.

I still work as a certified prosthetics and orthotics practitioner in Maryland, 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 care. These customized medical devices, external braces to support limbs and body segments, have the ability 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 custom orthoses to try to return to a healthy level of activity. However, outdated policies and regulations create barriers to access for our patients to receive equitable care compared to able-bodied peers.

Unless we know someone who wears an orthosis, or have worn one ourselves, we often do not think about the physical and psychological impacts that living with mobility impairments can have on our peers, our patients, their families, and their communities. Clinicians can currently provide patients with everyday custom orthoses, but using these devices for physical activity are not always appropriate. Orthoses for physical activity often times require different materials and control mechanisms during fabrication to allow for safe and proper fit. The use of inappropriate orthoses for these physical activities could lead to individual injury or failure/breaking of the orthosis. 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 orthotic care that they are currently afforded by insurance.

There is a strong correlation between health and physical activity, and allowing for access to these medically necessary devices will lead to healthier Marylanders. Physical inactivity, and the co-morbidities associated with it, are a public health issue across the state that must be addressed. The disability community must know that they have a right to be physically active as their peers, and restricting their access to medically necessary orthoses for physical activity should no longer be a barrier.

By voting favorably for SB0406, you can 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 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.

My patients inspire me every day, and their ability to be physically active should not be a luxury—it is a necessity. Maryland has the opportunity to be at the forefront of expanded coverage for medically necessary custom orthoses. Maryland was the 6<sup>th</sup> state to pass legislation for physical activity prosthesis coverage and now has the opportunity to continue to act as a leader in this effort, providing tangible resources for their enrollees and then using the results to then shape further coverage both in Maryland and the rest of the country. If Marylanders engage in more physical activity, they are likely to become healthier and more engaged citizens.

**It is for the reasons stated above that I urge you to support SB0406.** Maryland should continue to be a leader in ensuring that everyone has access to this important care by expanding coverage for medically necessary custom orthoses for physical activity. We ask the committee vote favorably on SB0406.

Thank you,

Sheryl Sachs, MSPO, CPO  
Certified Prosthetist Orthotist

# **DOCS-#238714-v1-SB\_406\_League\_Mandate\_OPPOSE.pdf**

Uploaded by: Matthew Celentano

Position: UNF



15 School Street, Suite 200  
Annapolis, Maryland 21401  
410-269-1554

February 12, 2025

The Honorable Pam Beidle  
Chair, Senate Finance Committee  
3 East  
Miller Senate Office Building  
Annapolis, MD 21401

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

Dear Chair Beidle,

The League of Life and Health Insurers of Maryland, Inc. respectfully **opposes** *Senate Bill 406 – Maryland Medical Assistance Program and Health Insurance – Coverage for Orthoses (So Every Body Can Move Act)* and urges the committee to give the bill an unfavorable report.

Senate Bill 406 requires insurers to provide certain coverage related to orthoses and makes related changes to utilization review determinations and reimbursement requirements for these services. The result of this bill could have a dramatic impact on premium and we urge the committee to consider the affordability impact before moving forward with this legislation.

We also have operational concerns about how the bill is drafted. We are concerned about the interpretation of misuse, change in psychological condition of the patient, and other undefined terms. Orthoses themselves also substantially vary in cost depending on the model. If there is a desire to put some limits around cost sharing, it could be related to the cost of that item without insurance. We are aware that some retailers and health systems mark these products up; carriers do not engage in that practice. Carriers also cover medical condition as outlined in the bill, not by activity as drafted in House Bill 383. As with related legislation last year addressing prosthetics, carriers are certainly happy to engage in discussions that might right fit this legislative approach.

That being said, the result of this legislation as introduced would be the creation of a new mandated benefit. Under the ACA, each state must pay for every health plan purchased through the Maryland Health Benefit Exchange, the additional premium associated with any state-mandated benefit beyond the federally mandated essential health benefits. This means, should the Commissioner include the mandate in the State benchmark plan, the State would be required to defray the cost of the benefits to the extent it applies to the individual and small group market ACA plans.

The League opposes any additional mandated benefits to Maryland's law. Mandated benefits add cost to health insurance policies in our state and limit the ability of insurers to design benefits to best meet the needs of enrollees. Given the potential impact to health insurance costs in the State, Maryland law includes a statutory framework for review and evaluation of proposed mandated benefits by the Maryland Health Care Commission under § 15-1501 of the Insurance Article. The law requires the assessment of a proposed mandate for the social, medical and financial impact of the proposed mandate and equips the General Assembly with such information as the extent to which the service is generally utilized by a significant portion of the population; the extent to which the insurance coverage is already generally available; if coverage is not generally available, the extent to which the lack of coverage results in individuals avoiding necessary health care treatments; if coverage is not generally available, the extent to which the lack of coverage results in unreasonable financial hardship; and the level of public demand for the service. Before adopting this or any other mandated health benefit, we urge the Committee first request an evaluation of the proposed benefit to facilitate an informed decision.

For these reasons, the League urges the committee to give Senate Bill 406 an unfavorable report.

Very truly yours,

A handwritten signature in black ink, appearing to read "Matthew Celentano", with a long horizontal flourish extending to the right.

Matthew Celentano  
Executive Director

cc: Members, Senate Finance Committee

# **SB 406 - MDH - FIN - LOI.pdf**

Uploaded by: Meghan Lynch

Position: INFO



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

February 12, 2025

The Honorable Pamela Beidle  
Chair, Senate Finance Committee  
3 East Miller Senate Office Building  
Annapolis, MD 21401-1991

**RE: Senate Bill (SB) 406 - Maryland Medical Assistance Program and Health Insurance – Coverage for Orthoses (So Every Body Can Move Act) - Letter of Information**

Dear Chair Beidle and Committee Members:

The Maryland Department of Health (the Department) respectfully submits this letter of information for Senate Bill (SB) 406 – Maryland Medical Assistance Program and Health Insurance – Coverage for Orthoses (So Every Body Can Move Act). The Department estimates that SB 406 will have a fiscal impact of \$1.48 million TF (\$550,000 GF, \$931,000 FF) in FY26 and \$3.09 million TF (\$1.1 million GF, \$1.8 million FF) in FY27. Costs will increase in subsequent fiscal years.

SB 406 requires the Maryland Medical Assistance Program (Medical Assistance) to cover orthoses when medically necessary to support the performance of physical activities including: running, biking, swimming, strength training, and other activities to maximize the whole-body health and lower or upper limb function of the enrollee. This requirement would take effect January 1, 2026. Medical Assistance would also be required to cover replacements of orthoses without regard to continuous use or useful lifetime restrictions if a healthcare provider determines the provision or replacement of orthoses or its components that are less than three years necessary, unless necessitated by misuse:

- due to physiological changes of the patient,
- irreparable change in the condition of the orthoses or its components or
- due to the cost of repairs being higher than 60% of the cost of replacing the orthoses or its components.

The bill also requires MCOs to report on their compliance with these new requirements to the Department and for the Department to submit a report to the General Assembly on or before December 30, 2031.

In December 2024, the Department, in collaboration with the Maryland Health Care Commission (MHCC), and in consultation with the Maryland Insurance Administration, submitted a report estimating the cost to expand coverage of orthoses for whole-body health by both Medical



Assistance and commercial payers.<sup>1</sup> The Department’s clinicians reviewed the 370 orthotic “L” codes covered through the Disposable Medical Supplies (DMS)/ Durable Medical Equipment (DME) Fee Schedule. The Department’s clinicians identified 258 orthotic “L” codes for which utilization would be expected to increase if Medical Assistance covers orthoses whole-body health purposes.

In CY22, 37,396 Medicaid participants utilized 192 of these 258 “L” codes for orthoses at a cost of \$9,660,171. In CY23, 38,420 Medicaid participants utilized 184 of the 258 codes resulting in \$9,470,904 in expenditures. MCO participants used the majority of services, approximately 81% of the total service units each year.

To account for the cost associated with expanding the orthoses benefit to include whole-body health coverage, the Department developed a baseline projection for FY26. Based on a multi-state analysis, the Department conservatively assumed the number of units utilized for orthoses for whole-body health would increase by 30%.<sup>2</sup> Expenditures would be subject to a federal matching rate of 65.79% for MCO enrollees and 50% for FFS participants.

Based on these assumptions, the Department estimates that expansion of orthoses benefits to include whole-body health would cost approximately **\$1.48 million Total Funds (\$550,000 General Funds, \$931,000 Federal Funds) in FY26** for six months of services and then would increase to approximately **\$3.09 million TF (\$1.1 million GF, \$1.8 million FF) in FY27**. Costs will increase in subsequent fiscal years.

The overall fiscal impact of implementing HB 383 will be **\$14 million TF (\$5.2 million GF, \$8.8 million FF) over 5 years from FY 2026 through FY 2030** in whole-body health orthoses benefits. The fiscal analysis is contingent on the assumption that whole-body health orthoses coverage will be covered only once annually.

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<sup>1</sup> As required by Senate Bill (SB) 614, *Maryland Medical Assistance Program (Medical Assistance) and Health Insurance - Coverage for Prostheses (So Every Body Can Move Act)* (Chs. 822 and 823 of the 2024 Acts). A copy of the report can be found here,

<https://health.maryland.gov/mmcp/Documents/JCRs/2024/orthosescoverageJCRfinal12-24.pdf>.

<sup>2</sup> Malouff, S., et al., (2024). A Multi-State Analysis of the Fiscal Impact of Commercial Insurance Coverage for General-Use & Activity-Specific Prosthetic & Orthotic Devices in the United States, (p. 5) *Medical Research Archives, European Society of Medicine*. <https://esmed.org/MRA/mra/article/view/5104/99193547842>, estimating that coverage for whole-body health would drive a 50% increase in utilization. See also, Minnesota Commerce Department, (2024). HF 3339/ SF 3351 – Evaluation of Coverage for Orthotic and Prosthetic Devices Report to the Minnesota Legislature Pursuant to Minn. Stat. § 62J.26 <https://mn.gov/commerce-stat/insurance/industry/policy-data-reports/62J/MN-AIR-Evaluation%20Report-Prosthetics-Orthotics-508.pdf>

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](mailto:sarah.case-herron@maryland.gov) or (410) 260-3190.

Sincerely,

A handwritten signature in blue ink, appearing to read "LH Scott", is positioned above the typed name.

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