

# SO EVERYBODY CAN MOVE

February 8, 2023

House Commerce Chair Zack Stephenson  
Minnesota House of Representatives  
100 Rev. Dr. Martin Luther King Jr. Blvd.  
Saint Paul, MN 55155

## **Re: Support for H.F. 3339 and S.F. 3351 Regarding Patient Access to Prosthetic and Custom Orthotic Care**

Dear House Commerce Chair Stephenson:

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 Minnesota H.F. 3339 and S.F. 3351, legislation that would advance coverage of custom orthotic and prosthetic (O&P) care 1) at a level that is equivalent to the federal Medicare program; 2) for purposes of performing physical activities; 3) for purposes of showering or bathing; and 4) that follows nondiscrimination standards.

### **Bringing So Every BODY Can Move – A National Mobility Movement – to Minnesota**

The accessible, quality care provided by HF 3339 / SF 3351 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.

Today, 28,000 Minnesotans with limb loss and thousands more with limb difference and mobility impairments 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 or showering/bathing, 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 appropriate O&P care, leading to sedentary lifestyles with costly secondary health complications and costs.

# SO EVERYBODY CAN MOVE

## **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.<sup>1</sup> 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.<sup>2</sup> Adults and children with mobility limitations are unfortunately at greatest risk for obesity.<sup>3</sup> 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 weekly<sup>4</sup> – 50% of adults with disabilities get absolutely no aerobic physical activity.<sup>5</sup> Children with disabilities are 4.5 times less likely to engage in physical activity than children without disabilities<sup>6</sup>. 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.<sup>7</sup>

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.<sup>8</sup>

## **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, 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.<sup>9</sup> Putting more strain on a

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

<sup>2</sup> 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>

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

<sup>4</sup> 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](https://health.gov/sites/default/files/2019-09/Physical_Activity_Guidelines_2nd_edition.pdf)

<sup>5</sup> 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>

<sup>6</sup> 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>

<sup>7</sup> 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>

<sup>8</sup> 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/>

<sup>9</sup> 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>

# SO EVERYBODY CAN MOVE

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.<sup>10</sup>

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). 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.<sup>11</sup>

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.<sup>12</sup> 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.<sup>13</sup>

## **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 Minnesota (HF 3339/SF 3351), four states have introduced So Every BODY Can Move legislation in 2023 and are working toward passage in 2024, including Indiana (HB 1433), Massachusetts (HD 4491), New Jersey (SB 3919), 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. H.F. 3339 / S.F. 3351 has the opportunity to join this movement for change, ensuring equitable access to O&P care for Minnesotans with disabilities.

### *O&P coverage at a level that is equivalent to the federal Medicare program*

H.F. 3339 / S.F. 3351 will address this policy challenge by ensuring that state-regulated health insurance policies provide coverage and reimbursement for prosthetics and orthotics at the same level as Medicare. This concept is known as “Insurance Fairness” legislation and it is currently on the books in 21 states, including nearby states, Illinois, Indiana, and Iowa. Providing quality

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<sup>10</sup> 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>

<sup>11</sup> Kehoe, Shaneis et al. *A Multi-State Analysis of the Fiscal and Social Impact of Commercial Insurance Coverage for Recreational Prostheses 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>.

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

<sup>13</sup> 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 care via Insurance Fairness leads to improved health, greater functional ability to perform activities of daily living, and a better quality of life for patients with little additional cost. A 2018 study published in the *Journal of NeuroEngineering and Rehabilitation* found that “patients who received lower-extremity prostheses had comparable Medicare episode payments (including the cost of the prosthesis) and better outcomes than patients who did not receive prostheses.”<sup>14</sup> Through Insurance Fairness, savings can even be expected in unemployment insurance, state employment and training programs, rehabilitation and counseling programs, and other social welfare systems as affected individuals are able to lead more independent lives.

## *O&P coverage for purposes of performing physical activities and showering/bathing*

Additionally, HF 3339 / SF 3351 will ensure individuals with disabilities can access activity-specific prostheses and orthoses to reap the benefits of physical activity and personal hygiene in the same manner as their non-disabled Minnesotan 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, Minnesota 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. HF 3339 / SF 3351 will empower Minnesotans with mobility impairments to access the medical (physical and mental) and social health benefits provided by physical activity and self-care.

## *O&P coverage that follows nondiscrimination standards*

In addition, nondiscrimination standards outlined in HF 3339 / SF 3351 will guarantee that Minnesotans 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

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<sup>14</sup> Dobson A, Murray K, Manolov N, DaVanzo JE. Economic value of orthotic and prosthetic services among medicare beneficiaries: a claims-based retrospective cohort study, 2011-2014. *J Neuroeng Rehabil.* 2018 Sep 5;15(Suppl 1):55.

# SO EVERYBODY CAN MOVE

ACL-related procedures occur in the U.S. each year.<sup>15</sup> Yet, comparable care for patients in need of O&P services that also enable the body to perform physically is not covered.

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.<sup>16</sup> However, coverage of “external prostheses,” such as microprocessor-controlled prosthetic knees (MPKs), that restore the same function, is often denied for people with disabilities. HF 3339 / SF 3351 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 Minnesota HF 3339 / SF 3351 and urge its passage to ensure that every Minnesotan – no matter their disability – can embrace their full potential and embark on a boundless journey of mobility and independence.

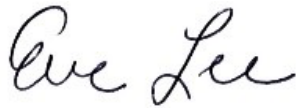
Sincerely,

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<sup>15</sup> Macaulay, Alec A et al. “Anterior cruciate ligament graft choices.” *Sports Health* vol. 4,1 (2012): 63-8. doi:10.1177/1941738111409890

<sup>16</sup> 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/>

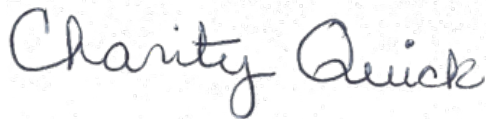
# SO EVERYBODY CAN MOVE



Eve Lee, MBA, CAE  
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Ashlie White  
Chief Programs Officer, Amputee Coalition



## Minnesota Society of Orthotists, Prosthetists & Pedorthists

February 12, 2024

RE: Support HF 3339 / SF 3351: Improving Insurance Coverage for MN Amputees & Disabled

Dear Members of the House and Senate Commerce Committees,

On behalf of Minnesota Society of Orthotists, Prosthetists & Pedorthists (MSOPP), a Minnesota (MN) non-profit, we are writing to ask for your support of MN Bill HF 3339 / SF 3351.

MSOPP's mission includes protecting public health and promoting the welfare of residents of MN who have physical disabilities and utilize orthotic and prosthetic (O&P) care and devices.

MN Bill HF 3339 / SF 3351 will provide Minnesotans living with limb loss, limb difference, and mobility impairment the ability to access prescribed O&P care in a manner that is:

1. Consistent with Medicare standards for the aged and disabled;
2. Consistent with other medical and surgical benefits within the same insurance plan;
3. For physical activities to maintain overall health of mind and body;
4. For showering and bathing to safely maintain hygiene; and
5. Inclusive of nondiscrimination standards that will guarantee Minnesotans receive standards of care similar to their non-disabled Minnesotan peers.

These are important matters to this community of Minnesotans.

Today, 28,000 Minnesotans with limb loss and limb difference and mobility impairments are unable to access prescribed, life-changing O&P care due to a lack of coverage and affordability in state and private health plans. This is especially true for orthoses and prostheses utilized for physical activity and showering/bathing, 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 sedentary lifestyles with costly secondary health complications including obesity, diabetes and depression.

The truth of the matter is that the actual expenditure on these O&P devices really has little effect on premiums. Independent state studies in CO, CT, IL, and ME show that by ensuring coverage, premium increases are less than 37 cents per member per month (PMPM). Recently, MN's 62J Report from Commerce indicated a premium increase of 39 cents PMPM. The financial and health-related savings are substantial, and the studies suggest 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 that physical activity provides.<sup>1 2</sup>

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<sup>1</sup>Kehoe, Shaneis et al. *A Multi-State Analysis of the Fiscal and Social Impact of Commercial Insurance Coverage for Recreational Prostheses in the United States*. Medical Research Archives, [S.l.], v. 11, n. 5, may 2023. ISSN 2375-1924. <https://esmed.org/MRA/mra/article/view/3809>

<sup>2</sup> Novak, Donna et al. *A Report to the Joint Standing Committee on Health Coverage, Insurance and Financial Services of the 130th Maine Legislature Review and Evaluation of LD 1003 An Act to Improve Outcomes for Persons with Limb Loss* February 2022  
<https://www.maine.gov/pfr/sites/maine.gov/pfr/files/inline-files/LD1003-Maine-Mandated-Benefit-Athletic-Prosthetic-Report.pdf>

It is important to note, the Affordable Care Act includes O&P devices as essential health benefits (EHB); however, challenges for access to EHB exist in MN for those in the disabled community who rely on O&P devices for their activities of daily living, including exercise and bathing.

Coverage for O&P care and devices in MN is currently not on par with Medicare (or the Veteran's Administration), therefore access is limited for the aged and disabled individuals in need. This is problematic given the increase in beneficiaries to Medicare Advantage plans. Providing quality O&P care that is on-par with Medicare leads to better quality-of-life for patients with little additional cost. A 2018 study published in the Journal of NeuroEngineering and Rehabilitation found that "patients who received lower-extremity prostheses had comparable Medicare episode payments (including the cost of the prosthesis) and better outcomes than patients who did not receive prostheses."<sup>3</sup>

The coverage requirements of this bill will also help address and improve the O&P needs of MN's pediatric population and help this population live safer, healthier, and more active lives. Activity-specific custom O&P devices are necessary to allow a child or adult to engage in exercise and recreation; and showering and bathing devices are necessary to allow them to safely maintain hygiene. This bill seeks to empower Minnesotans with mobility impairments to access the physical, mental, and social health benefits provided by physical activity and self-care.

If signed into law, this proposed legislation would change the current MN state and private health plans' more restrictive views that only one prosthesis or orthosis is covered to ambulate or walk. More than one is needed to perform the activities of daily living that include exercise and showering/bathing. Multiple devices are often necessary to restore full human function; this is 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.

If signed into law, this proposed legislation will provide Minnesotans living with limb loss, limb difference, and mobility impairment the ability to access O&P care that will improve function and mobility and help them live healthy and active lives. It will ensure they have access to prescribed O&P devices that allow them to reap the benefits of physical activity in the same manner as their non-disabled Minnesotan peers.

Based on the information provided, please support Bill HF 3339 / SF 3351. Please contact me at [tony.fruci@century.edu](mailto:tony.fruci@century.edu) if you have questions or need additional information.

Thank you,



Tony Fruci, MSOPP President, on behalf of the MSOPP Board of Directors

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<sup>3</sup> Dobson A, Murray K, Manolov N, DaVanzo JE. Economic value of orthotic and prosthetic services among medicare beneficiaries: a claims-based retrospective cohort study, 2011-2014. J Neuroeng Rehabil. 2018 Sep 5;15(Suppl 1):55.  
<https://jneuroengrehab.biomedcentral.com/articles/10.1186/s12984-018-0406-7>



# FACT SHEET

## MN SF 3351 / HF 3339



So Minnesotans Can

# MOVE

### The public health problem affecting individuals with limb loss and limb difference:

MN has approximately 28,000 amputees. Currently, 1.9 million people are living with limb loss in the United States, with an average of 507 people continuing to lose a limb every day. Many amputees from Minnesota are **unable to afford and access life-changing orthotic and prosthetic (O&P) care** that restores mobility due to the lack of insurance coverage “not medically necessary” denials, and high out of pocket cost.

Without appropriate health coverage, adults, children, and families are forced to:

- **Incur prohibitive out-of-pocket costs** (ranging \$5,000-\$50,000)
- **Risk harm/injury** using an improper device
- **Live sedentary lifestyles** with costly health complications including obesity

Individuals need specialized prosthetics and orthotics for physical activity and recreation

- 50% of adults with disabilities get absolutely no aerobic physical activity [1]
- Children with disabilities are 4.5 times less likely to engage in physical activity than children without disabilities [2]

### The goal of this legislation:

To amend MN law to improve access to orthotic and prosthetic (O&P) care for children and adults by requiring state insurance plans provide coverage for O&P:

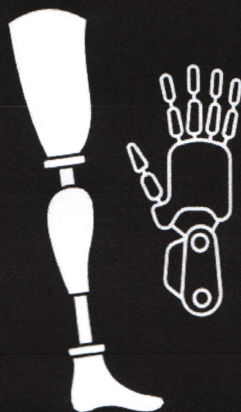
- (1) at a level that is equivalent to the federal Medicare program;
- (2) for purposes of performing physical activities, as applicable, including but not limited to running, biking, and swimming, and maximizing the enrollee's upper limb function;
- (3) for the purposes of showering or bathing; and
- (4) in a manner that shall not deny an O&P benefit for an individual with limb loss or absence that would otherwise be covered for a nondisabled person seeking medical or surgical intervention to restore or maintain the ability to perform the same activity.

### The potential fiscal and social impact:

- Ensuring appropriate O&P coverage has a minimal impact on insurance premiums; nine states have shown average health premium increases of only \$0.12 to \$0.14 PMPM. [3]
- Maine passed a similar O&P physical activity mandate law in 2022 and estimated a premium increase of just \$0.01 to \$0.12 per patient per month.[4]
- Providing appropriate O&P care lowers overall healthcare costs:
  - Knee or hip problems resulting from lack of appropriate prosthetic care can result in increased healthcare costs ranging from \$80,000 to \$150,000 over the course of a single patient's lifetime.[3]
  - A benefit-cost analysis of providing O&P coverage conducted by Colorado projected savings of nearly \$500,000 per year through the reduction of costly secondary health conditions including heart disease, diabetes, and obesity.[3]
  - Adults with disabilities who are physically active are more likely to be employed, advance in their careers, and have improved physical and mental health.

## WE BELIEVE

## MOVEMENT IS MEDICINE



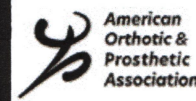
### CONTACTS:

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Minnesota Society of Orthotists, Prosthetists & Pedorthists; Wiggle Your Toes; American Orthotic & Prosthetic Association; National Association for the Advancement of Orthotics & Prosthetics; Amputee Coalition; American Academy of Orthotists & Prosthetists



## MSOPP





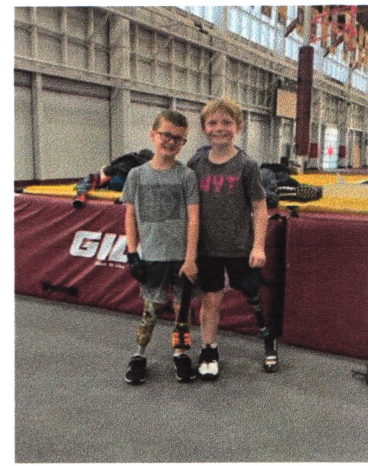
**Logan**, from Shakopee, is a multi-sport / activity kid. He wrestles, skateboards, plays soccer, sled hockey and races motocross. Logan has multiple prosthetics that allow him to keep up with his family and friends. Components include his daily ambulating prosthetic, running blade and a special prosthetic knee for racing motocross and riding his bike.



**Matt**, from Prior Lake, husband and father, employee of Wells Fargo Minneapolis. Diagnosed at a young age with osteosarcoma that ultimately resulted in the loss of his leg above the knee. Matt lives a very active lifestyle pushing his prosthetic components to their limits.



**Courtney**, from Mound, was injured in a boating accident that resulted in the loss of her leg, below the knee. As a very active adult, wife, mother of two she depends on her prosthetic devices to keep up with family, work as a Fox9 news reporter and just stay active.



**Walker**, from Woodbury, is a go-getter! He recently received a prosthetic running blade from Wiggle Your Toes that allowed him to feel running like an able-bodied person! He loves hanging out with friends and family, school, and staying active by playing sled hockey on the MN Wild Sled hockey team, soccer, and flag football.

AGE	ABLE-BODIED ACTIVITY	PROSTHETIC REQUIREMENT
TODDLER	Learning to swim requires 2 hands, 2 arms, 2 legs and 2 feet	Upper or lower limb deficiency – arm paddle prosthesis or limb fin for safe floating.
7 YEARS OLD	Learning to ride a bike requires 2 hands, 2 arms, 2 legs, and 2 feet to steer and pedal.	Upper or lower limb deficiency – prosthetic device to grip the handlebars and free moving ankle to maintain contact w/rotating pedal.
17 YEARS OLD	Walking on a tread mill requires a flexible foot and ankle.	An amputee or lower limb deficiency – requires a flexible foot and ankle.
23 YEARS OLD	Sprinting or jogging requires light weight running shoes.	An amputee or lower limb deficiency – requires a flex-foot not a rigid foot.

Benefits shall be provided for a custom prosthetic or custom orthotic device determined by the enrollee's provider to meet the medical needs of the enrollee for the purposes of performing physical activities, i.e. running, biking, swimming, lifting weights and to strengthen lower and upper limb functions.

[1] 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>

[2] 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>

[3] 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>

[4] 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>



## FACT SHEET

# SF 3351 / HF 3339

# SO EVERYBODY CAN MOVE MINNESOTA

## The public health problem affecting individuals with limb loss and limb difference:

There are over 28,000 individuals living with limb loss and limb difference in Minnesota. Many of these Minnesotans are **unable to afford and access life changing orthotic and prosthetic (O&P) care** that restores mobility due to lack of insurance coverage "not medically necessary" denials, and high out of pocket costs.

Without health plan coverage, adults, children, and families are forced to:

- **Incur prohibitive out-of-pocket costs** (ranging from \$5,000 - \$50,000)
- **Risk harm/injury** using an improper device
- **Live socially isolated and sedentary lifestyles** with costly health complications including obesity and depression

Minnesotans with disabilities **need fair access to prostheses and orthoses for daily independence and physical activity.**

- Currently, 1.9 million people are living with limb loss in the United States, with an average of 507 people continuing to lose a limb every day.

## The goal of this legislation:

To amend MN law to improve access to orthotic and prosthetic (O&P) care for children and adults by requiring state insurance plans provide coverage for O&P:

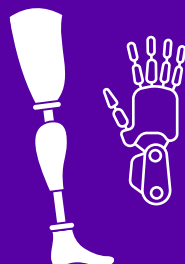
1. At a level that is equivalent to the federal Medicare program;
2. In a manner that is not more restrictive than the health plan's other medical and surgical benefits including those for internal restorative devices;
3. For purposes of performing physical activities, as applicable, including but not limited to running, biking, and swimming, and maximizing the enrollee's limb function;
4. For the purposes of showering or bathing; and
5. In a manner that shall not deny an O&P benefit for an individual with limb loss or absence that would otherwise be covered for a nondisabled person seeking medical or surgical intervention to restore or maintain the ability to perform the same activity.



## The potential fiscal and social impact:

- **Ensuring appropriate O&P coverage has a minimal impact on insurance premiums** while providing long term social and fiscal benefits by improving health access and equity for Minnesotans with disabilities. The estimated increase to premiums as a result of SF 3351 / HF 3359 is **conservatively calculated at \$0.01-\$0.39 PMPM.**
- **Legislation of this type is seeing widespread support across the country.** Arkansas (HB 1252), Colorado (HB 1136), Illinois (SB 2195), Maine (LD 1003), and New Mexico (HB 131) enacted similar legislation in 2022 and 2023. Florida (SB 0828 / HB 1003), Indiana (HB 1428), Maryland (SB 614), Massachusetts (HD 4491), Minnesota (HF 3339/ SF 3351), New Hampshire (SB 177), New Jersey (SB 1439), and Tennessee (HB 1992 / SB 2010) have all introduced similar legislation in 2024. [1]
- Providing appropriate orthotic and prosthetic care **lowers overall healthcare costs and reduces demands on government social support systems:**
  - Knee or hip problems resulting from lack of appropriate prosthetic care can result in increased healthcare costs ranging from \$80,000 to \$150,000 over the course of a single patient's lifetime.[2]
  - A Colorado state study showed providing Medicaid prosthetic coverage decreased overall healthcare costs by \$1,177.60 per patient.[2]
  - People with disabilities who are physically active are more likely to be employed, advance in their careers, and have improved physical and mental health.[3]

*We Believe*  
**MOVEMENT  
IS MEDICINE**



## CONTACT

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For more info visit: [msopp-mn.com](http://msopp-mn.com)

## LOGAN



**Logan**, from Shakopee, is a multisport / activity kid. He wrestles, skateboards, plays soccer, sled hockey and races motocross. Logan has multiple prosthetics that allow him to keep up with his family and friends. Components include his daily ambulating prosthetic, running blade and a special prosthetic knee for racing motocross and riding his bike.

## MATT



**Matt**, from Prior Lake, is a husband and father, and employee of Wells Fargo Minneapolis. Diagnosed at a young age with osteosarcoma that ultimately resulted in the loss of his leg above the knee, Matt lives a very active lifestyle pushing his prosthetic components to their limits.

## COURTNEY



**Courtney**, from Mound, was injured in a boating accident that resulted in the loss of her leg below the knee. As a very active adult, wife, and mother of two, she depends on her prosthetic devices to keep up with family, work as a Fox9 news reporter, and to just stay active.

## WALKER



**Walker** (pictured left), from Woodbury, is a go-getter! He recently received a prosthetic running blade from Wiggle Your Toes that allowed him the freedom to run like a non-disabled person! He loves hanging out with friends and family, school, and staying active by playing sled hockey on the MN Wild sled hockey team, soccer, and flag football.



# 2x

Children with mobility limitations are at greatest risk for obesity. The prevalence of obesity in children with disabilities is almost twice that of children without disabilities.[4]



# 1 in 2

50% of adults with disabilities get absolutely no aerobic physical activity.[5]

# 4.5x

Children with disabilities are 4.5 times less likely to engage in physical activity than children without disabilities.[6]

# "F"

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]



**MSOPP**  
Minnesota Society of Orthotists,  
Prosthetists, & Pedorthists

**WIGGLE YOUR TOES**  
HEAL · RECOVER · FLOURISH

**American  
Orthotic &  
Prosthetic  
Association**

**amputee  
coalition**

**THE ACADEMY  
AAOP**

**NAAOP**  
National Association for the Advancement  
of Orthotics & Prosthetics

# MOVEMENT IS MEDICINE

**SO EVERYBODY  
CAN MOVE  
MINNESOTA**

[1] 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>

[2] 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>

[3] 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>

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

[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>



February 12, 2024

RE: Support HF 3339/SF 3351: Improving Insurance Coverage for Amputees

Dear Members of the House and Senate Commerce Committees,

On behalf of Wiggle Your Toes (WYT), a Minnesota (MN) based non-profit that supports the amputee community, I am writing to ask for your support of MN Bill HF 3339 / SF 3351. If signed into law, this proposed legislation will positively impact Minnesotans with disabilities who rely on orthotic and prosthetic (O&P) care to improve function and mobility, and live safe and healthy lives.

I am a bilateral above the knee amputee, which means I wear two prosthetic legs to accomplish my activities of daily living (ADLs). These ADLs include working full time, running the non-profit, providing for family as a husband and father of three. Activities include travel, spending time at the cabin, riding ATV and golfing. I know first-hand how important this legislation is to the community of individuals living in MN who depend on similar devices. As president of WYT, I lead a group of volunteers who help amputees in their journey through our three stages of Heal, Recover and Flourish.

MN Bill HF 3339 / SF 3351 will provide Minnesotans living with limb loss, limb difference, and mobility impairment the ability to access orthotic and prosthetic (O&P) care in a manner that is consistent with Medicare standards, and for activities of daily living that include physical activities and showering/bathing. The nondiscrimination standards outlined in this bill will guarantee these Minnesotans living with limb loss, limb difference, and mobility impairment will receive the same standard of care as patients without a disability. These are important matters to this community of Minnesotans.

Today, 28,000 Minnesotans with limb loss and thousands more with limb difference and mobility impairments are unable to access prescribed, life-changing O&P care due to a lack of coverage and affordability in state and private health plans. This is especially true for orthoses and prostheses utilized for physical activity and showering/bathing, 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 sedentary lifestyles with costly secondary health complications, including obesity.

The truth of the matter is that the actual expenditure on these O&P devices that would allow people to improve function and mobility really has little effect on premiums. I believe the MN Commerce 62J (January 2024) report resulted in an increase of \$.39 per member/per month (PMPM).

The coverage requirements of this bill will help address and improve the O&P needs of MN's disabled population of all ages. Currently, coverage for O&P care and devices is not on par with Medicare (nor the Veteran's Administration), therefore access is limited for this aged population. This is problematic given the increase in beneficiaries to Medicare Advantage plans in MN.

Also, this bill will help address and improve the lives of MN's pediatric population in need of O&P care. Activity-specific custom O&P devices are necessary to allow a child to engage in exercise and recreation, allowing kids to be kids!

If enacted, this proposed legislation will change the current MN state and private health plans' more restrictive views that only one prosthesis or orthosis is covered to ambulate or walk. More than one is needed to safely perform the activities of daily living that include exercise, showering and bathing.

If enacted, this proposed legislation will empower Minnesotans living with limb loss, limb difference, and mobility impairment to access their prescribed O&P devices for physical, mental, and social health benefits. And, it will ensure they have access to these O&P devices in the same manner as their non-disabled Minnesotan peers.

Based on the information provided, please support Bill HF 3339 / SF 3351.

Please contact me should you have questions or need additional information.

[aaron@wiggleyourtoes.org](mailto:aaron@wiggleyourtoes.org).

Thank you,

Handwritten signature of Aaron Holm and the date 2.12.24.

Aaron Holm, Executive Director

Wiggle Your Toes, Inc

952.221.0500