

FACT SHEET

SO EVERYBODY CAN MOVE

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

Millions of Americans living with limb loss, limb difference, and mobility impairments are **unable to afford and access life-changing prosthetic and orthotic care for physical activity and exercise** due to inadequate 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 sedentary lifestyles** with costly physical and mental health complications including obesity and depression

- **Endure loneliness and isolation** by missing out on important social opportunities, including team sports

Individuals with disabilities deserve access to all facets of society including physical activity and exercise. Specialized prostheses and orthoses are critical to ensuring equitable access.

The goal of So Every BODY Can Move legislation:

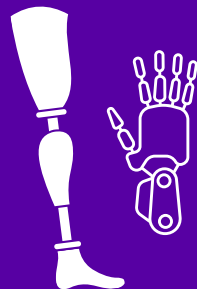
So Every BODY Can Move has provided model legislation that can be adopted by states to fix this widespread inequality. This legislation ensures state commercial plans provide coverage for: 1) prosthetic and orthotic care at a level that is equivalent to the federal Medicare program, also known as "Insurance Fairness", and 2) prosthetic and orthotic care for physical activity for all ages.



The potential fiscal and social impact:

- **Ensuring appropriate O&P coverage for physical activity has a minimal impact on insurance premiums;** fiscal reports from six states have shown health premium increases ranging from \$0.08 to \$0.37 PMPM. [1] [2] [3]
- **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.
- 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.[4]
 - A Colorado state study showed providing Medicaid prosthetic coverage decreased overall healthcare costs by \$1,177.60 per patient.[4]
 - People with disabilities who are physically active are more likely to be employed, advance in their careers, and have improved physical and mental health.[5]

We believe
**MOVEMENT
IS MEDICINE**



CONTACT

Contact advocacy@aopanet.org to get involved. Visit www.soeverybodycanmove.org for more information.

PATRICK



Patrick, from Texas, was born with a limb difference and elected bilateral above-knee amputations at the age of 14 to provide him a better quality of life. He was not even aware running was a possibility for him until he was in his mid-20s; though he's had to rely on grants and charitable support to gain access. Since receiving his running prostheses he's run half-marathons, marathons (including the Boston Marathon), and has become a leader in the Houston running community.

BRADEN



Braden, from Colorado, is 5 years old and was born with fibular hemimelia, undergoing an amputation at 11 months old. Braden struggles to "keep up with other kids" in his current prosthesis and wears it out faster than normal because of his high activity level. He's been on a waitlist to receive a charitable grant for a prosthesis for running and was recently approved, but his mom worries about what his future care and healthcare costs will look like.

JOHN EDWARD



John Edward, from Maryland, is a decorated veteran and former Staff Sergeant in the US Marine Corps. He was hit by a drunk driver in 2016 resulting in an amputation. Thanks to his Veterans Affairs health coverage, he has access to a prosthesis for running, one for snowboarding, and one for weightlifting. He's now a top-qualifier for the 2024 Paralympics. He's advocating for his civilian comrades with disabilities to have equitable access to movement like him.

ERICA



Erica, from Oregon, is a proud wife and mom to two young daughters. After a devastating motorcycle accident took her right leg, she was told while still in the hospital that she would never be able to run again - but not because of her disability - because her health insurance would never cover a prosthesis for running. She's dedicated to bringing legislative change to ensure all moms like her have access to the prosthetic care they need to stay active with their kids.



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.[6]



1 in 2

50% of adults with disabilities get absolutely no aerobic physical activity.[7]

4.5x

Children with disabilities are 4.5 times less likely to engage in physical activity than children without disabilities.[8]

"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.[9]



MOVEMENT IS MEDICINE

[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] Kehoe et al, *A Multi-State Analysis of the Fiscal and Social Impact of Commercial Insurance Coverage for Recreational Prostheses in the United States*: <https://esmed.org/MRA/index.php/mra/article/view/3809>

[3] Minnesota Commerce Department, *HF 3339/ SF 3351 - Evaluation of Coverage for Orthotic and Prosthetic Devices*: https://mn.gov/commerce-stat/insurance/industry/policy-data-reports/62J/MN-AIR_Commerce_Evaluation%20Report_Prosthetics-and-Orthotics_Final.pdf

[4] 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>

[5] 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>

[6] Centers for Disease Control and Prevention (CDC), *Disability and Obesity*:

<https://www.cdc.gov/ncbddd/disabilityandhealth/obesity.html>

[7] 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>

[8] 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>

[9] 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>