



EMPOWER THROUGH MOVEMENT

**SO EVERYBODY
CAN MOVE**

We believe movement is medicine...

and physical activity is a right, not a privilege. But today, thousands of individuals living with limb loss and limb difference are unable to afford and access life-changing prosthetic and orthotic care that helps them be physically active due to inadequate insurance coverage.

So Every BODY Can Move (SEBCM) is working to change this through state-by-state legislative action, expanding access to this medically necessary care.

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Our Mission

So Every BODY Can Move is a grassroots policy and advocacy initiative with the mission to create equitable and life-changing access to orthotic and prosthetic care necessary for physical activity for individuals with disabilities. Through the collaborative effort of our national partners, we are achieving this through powerful storytelling and mobilizing grassroots advocates to champion local, state-by-state legislative change, ultimately inspiring a national movement.

Our Goal

Our goal is to enact this legislation in 28 states by the 2028 Paralympics & Olympics in Los Angeles, California, a campaign we're calling "28x28," so we can then pursue federal reform.



National Partners

So Every BODY Can Move is the result of a collaboration between the American Orthotic & Prosthetic Association (AOPA), the National Association for the Advancement of Orthotics and Prosthetics (NAAOP), the Amputee Coalition, and the American Academy of Orthotists and Prosthetists (AAOP).

As part of leading this effort in your state, your team will be assigned a coach from one of our national partners to work with you.



The **American Orthotic and Prosthetic Association (AOPA)** is a trusted partner, advocating for and serving the orthotic and prosthetic community. AOPA fosters relationships with decision makers, provides education, supports research, and advances equality to strengthen the O&P profession and improve the lives of patients. Since 1917, AOPA, based in Alexandria, VA, is the largest non-profit organization consisting of more than 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). Each and every day AOPA and its members strive for *A world where orthotic and prosthetic care transforms lives.*



The **National Association for the Advancement of Orthotics and Prosthetics (NAAOP)** is a non-profit trade association dedicated to educating policymakers and promoting policy solutions that are in the best interests of O&P patients and the providers who serve them. Since 1987, NAAOP has shaped positive results in healthcare legislation and regulation through strong government relations advocacy and education. NAAOP serves the profession by representing and partnering with only those providers of orthotic and prosthetic services who truly believe that the patient must come first.



The **Amputee Coalition** is the nation's leading organization on limb loss, dedicated to enhancing the quality of life for amputees and their families, improving patient care and preventing limb loss. With the generous support of the public, we are helping amputees live well with limb loss, raising awareness about limb loss prevention and ensuring amputees have a voice in matters affecting their ability to live full, thriving lives.



The **American Academy of Orthotists and Prosthetists (AAOP, "The Academy")** was founded in 1970, and is the professional organization representing certified practitioners, state-licensed practitioners, assistants, technicians, fitters, and others affiliated with the profession of orthotics and prosthetics (O&P). The Academy is dedicated to helping members provide the highest level of professionalism and service to their patients.

SO **EVERYBODY** CAN MOVE

Overview



What is the Public Health Problem / Disability Rights Issue?

We believe movement is medicine.

But today, thousands of individuals living with limb loss and limb difference in the United States are unable to afford and access life-changing orthotic and prosthetic (O&P) care that helps them be physically active due to inadequate insurance coverage.

State, federal, and private health plans routinely deny access to O&P care for physical activity as “not medically necessary.” Without health plan coverage, children, adults, and families are forced to incur prohibitive out-of-pocket costs (ranging from \$5,000 - \$50,000), risk harm or injury using

an improper device, or live sedentary lifestyles with costly health complications, including obesity. Individuals with disabilities need specialized prostheses and orthoses to be able to equitably participate in physical activity and exercise, just like their non-disabled American peers.

While policies such as Insurance Fairness¹ have mitigated some of the costs and barriers individuals face in receiving proper prosthetics and orthotics that allow them to perform Activities of Daily Living (known as ADLs, such as bathing, eating, dressing, etc.), exercise and recreational needs have been left largely unaddressed.

State, federal, and private health plans routinely deny access to O&P care for physical activity as “not medically necessary.”

¹ 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>



Physical Activity is Medically Necessary For Every BODY

Physical activity is one of the most important factors in maintaining overall health throughout one's lifetime. Whether it's vigorous exercise or simple day-to-day movement, being physically active increases strength and balance, improves mental health, supports better-quality sleep, and reduces the risk of disease and cancer for every body, including people with disabilities (PWD).

For these reasons, the U.S. Department of Health and Human Services' Physical Activity Guidelines for Americans recommends children with disabilities get 60 or more minutes *each day* of moderate or vigorous intensity aerobic physical activity; for adults with disabilities, the recommendation is 150 minutes weekly.²

However, without access to appropriately designed prosthetic and orthotic devices, trying to meet this goal is not only impossible, it is dangerous and harmful when utilizing the wrong device. Secondary O&P devices are required for individuals with either upper or lower limb loss and limb difference to participate in physical activities such as running, biking, swimming, rock climbing, skiing, snowboarding, and more. Without appropriate O&P care, knee or hip problems can result in health care costs ranging from \$80,000 to \$150,000 over a lifetime.³ Putting more strain on a daily prosthetic or orthotic device may also result in damage to the device, resulting in more expense for insurance providers.⁴

Physical Inactivity, Obesity, Chronic Loneliness & Isolation: PWD Disproportionately At Risk

Physical inactivity, obesity, chronic loneliness, and isolation are the fastest-growing public health problems in the U.S. today, and PWD are disproportionately at risk⁵. In fact, adults and children with mobility limitations are at greatest risk for obesity.⁶ Without equitable access to O&P care for physical activity, individuals are left to risk harm and injury using their standard prosthesis(es) or orthosis(es), or subjected to a more sedentary and less socially connected lifestyle. Both greatly impact whole body health (i.e. social, emotional, and physical health) with the dangerous potential to worsen health conditions that are far more expensive than the cost of a prosthesis or orthosis.

In a new advisory from the U.S. Surgeon General, chronic loneliness is a public health crisis⁷; lacking social connection is as harmful as smoking up to 15 cigarettes a day and loneliness increases risk of cognitive decline, cardiovascular disease, and death.⁸ According to the advisory, studies find the highest prevalence for loneliness and isolation are among people with disabilities.⁹ At the same time, it is well understood and research supports the inextricable link between well-being and mobility.¹⁰ Returning individuals to mobility through appropriate prosthetic and orthotic care that enables physical activity and exercise prevents isolation and loneliness, improves quality of life, and builds invaluable social connections.

2 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

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>

5 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>

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

7 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>

8 Ibid.

9 Ibid.

10 American Orthotic & Prosthetic Association, May 2023 O&P Almanac, *Mobility Connections: Research demonstrates the important role mobility plays in physical and mental health postamputation*: https://issuu.com/americanoandp/docs/may_2023_final/20

By The Numbers:

\$44 Billion

Annual health care costs of obesity that are related to disability are estimated at approximately \$44 billion.¹¹

4.5X

Children with disabilities are 4.5 times less likely to engage in physical activity compared to their peers.¹⁴

1 in 2

50% of adults with disabilities get absolutely no aerobic physical activity.¹²

“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.¹⁵

2X

Adults and 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.¹³

15

The mortality impact of being socially disconnected is similar to that caused by smoking up to 15 cigarettes a day,¹⁶ and even greater than that associated with obesity and physical inactivity.

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

12 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>

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

14 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>

15 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>

16 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>

A Movement Rooted In Disability Rights

The Americans with Disabilities Act of 1990 (ADA) intended to establish a right for people with disabilities to participate equally in all facets of society. Yet, more than thirty years after this civil rights achievement promised to legally end much disability-based discrimination, people with disabilities — including children — continue to face insurmountable barriers to equal participation in exercise and athletics. Disparities in healthcare coverage perpetuate this discriminatory treatment of athletes with disabilities.

For example, to an athlete without a disability, orthotic and prosthetic services are comparable to surgeries and procedures that enable athletic performance. Many athletes, particularly basketball, soccer, football players, and downhill skiers, often suffer from anterior cruciate ligament (ACL) damage, one of the most common sports-related injuries. While repairing the ligament is considered an elective procedure, health plans usually cover it because the treatments are necessary to restore the body to its full potential. Between 100,000 and 300,000 ACL-related procedures take place in the U.S. each year¹⁷, and public and private healthcare spending exceeds \$500 million per year on ACL reparations¹⁸. Yet, comparable assistive technologies and habilitation services for athletes with disabilities — including orthotic and prosthetic care — that also enable the body to perform athletically are not covered.

Insurers should not be able to deny a prosthetic or orthotic device benefit 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 physical activity. *So Every BODY Can Move* is working to ensure this.



17 Macaulay, Alec A et al. "Anterior cruciate ligament graft choices." *Sports Health* vol. 4,1 (2012): 63-8. doi:10.1177/1941738111409890

18 Coleman, Erin. "Statistics on ACL Injuries in Athletes," *Sports Recs.* Dec. 5, 2018.

How Does So Every BODY Can Move Legislation Fix It?

As a national mobility movement, *So Every BODY Can Move* is working to create equitable access to prostheses and orthoses utilized for physical activity as medically necessary healthcare by championing local, state-by-state legislative change. Legislative change, unlike one-time charitable support, can impact millions of people for generations to come with a solution rooted in dignity and equal rights. The public health problem and disability rights issue described in detail above is complex and requires systems-level change; only this can be solved through systemic policy intervention.

As such, *So Every BODY Can Move* has provided model legislation that can be adopted by states to fix this widespread inequality. *So Every BODY Can Move's* model legislation accomplishes two goals:

1 Creates orthotics and prosthetics parity, ensuring state commercial insurance plans provide coverage for orthotic and prosthetic care at a level that is equivalent to the federal Medicare program.

So-called “Insurance Fairness” legislation of this type has already experienced widespread support across the country with 21 states enacting similar legislation into law over the past 20 years including:

Arkansas, California, Colorado, Connecticut, Delaware, Illinois, Indiana, Iowa, Louisiana, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, Oregon, Rhode Island, Texas, Utah, Vermont, Virginia

2 Creates coverage of orthotic and prosthetic devices for physical activity purposes for all ages by state commercial insurance plans.

In states that already have “Insurance Fairness” legislation, *So Every BODY Can Move's* model legislation builds on existing mandate language to recognize the prosthetic and orthotic needs of the limb loss and limb difference population to engage in physical activity.

Want to join this movement for change?

Take a look at the map below to see if your state is involved!

Legislation Enacted

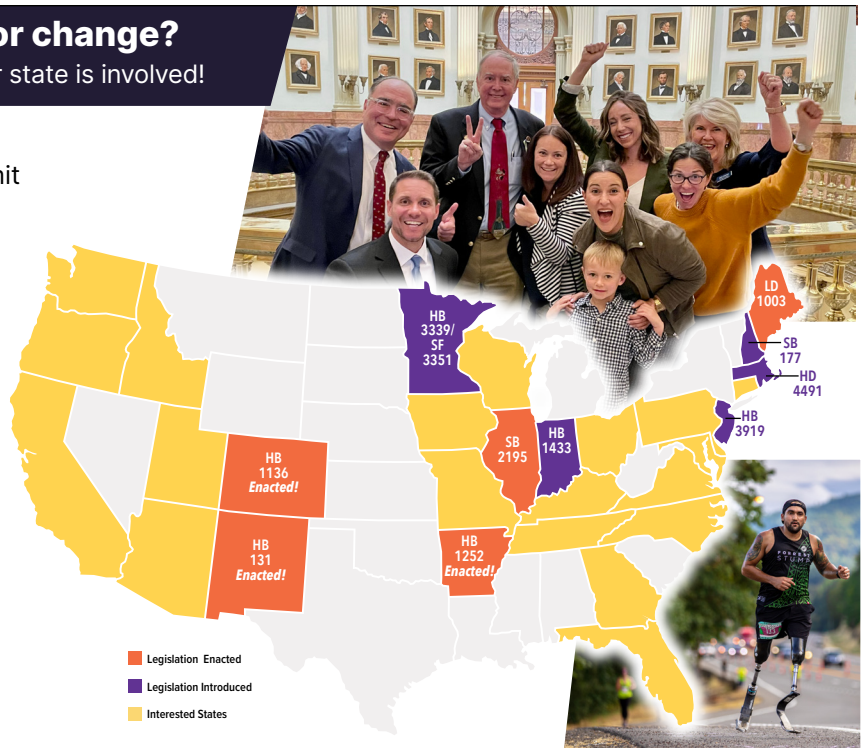
This is now law! Work with our team to submit claims for orthotic and prosthetic care for physical activity.

- Arkansas — HB 1252 (**Enacted 2023**)
- Colorado — HB 1136 (**Enacted 2023**)
- Illinois — SB 2195 (**Enacted 2023**)
- Maine — LD 1003 (**Enacted 2022**)
- New Mexico — HB 131 (**Enacted 2023**)

Legislation Introduced in 2023

We need your help for this to become law! If you live in one of these states, reach out to get involved.

- Indiana — HB 1433
- Massachusetts — HD 4491
- Minnesota — HB 3339/SF 3351
- New Hampshire — SB 177
- New Jersey — HB 3919



Interested States for 2024 and Beyond

Join us as we build a foundation for these states to introduce legislation in 2024 and beyond! **Not on the list? Reach out!**

- | | | | |
|---------------|------------|------------------|--------------|
| ● Arizona | ● Idaho | ● North Carolina | ● Utah |
| ● California | ● Iowa | ● Ohio | ● Virginia |
| ● Connecticut | ● Kentucky | ● Oregon | ● Washington |
| ● Florida | ● Maryland | ● Pennsylvania | ● Wisconsin |
| ● Georgia | ● Missouri | ● Tennessee | |

As of August 2023, five states have successfully enacted So Every BODY Can Move legislation; an additional five states have introduced So Every BODY Can Move legislation and are working towards passage in 2024; and 20 states are interested in bringing this legislation to their state in 2024+ and are starting the work of assembling their coalitions and core teams.

Current Legislation Status

State	Bill Number	Plans/Programs Affected	Age Group Affected	Type(s) of Activity-Specific Devices Covered	Insurance Fairness Status?	Status	Date Law Goes Into Effect
Arkansas	HB 1252	Commercial Plans	All Ages	Prostheses	Enacted 2009	Enacted	7/1/2023
Colorado	HB 1136	Commercial Plans	All Ages	Prostheses	Enacted 2000	Enacted	1/1/2025
Illinois	SB 2195 / HB 3036	Commercial Plans	All Ages	Orthoses + Prostheses	Enacted 2009	Enacted	1/1/2025
Indiana	HB 1433	Medicaid	0-17	Orthoses + Prostheses	Enacted 2008	Introduced	N/A
Maine	LD 1003	Commercial Plans	0-17	Prostheses	Enacted 2003	Enacted	1/1/2024
Minnesota	HF 3339 / SF 3351	Commercial Plans	All Ages	Orthoses + Prostheses	Not yet enacted	Introduced	N/A
Massachusetts	HD 4491	Commercial Plans + Medicaid	All Ages	Orthoses + Prostheses	Enacted 2006	Introduced	N/A
New Hampshire	SB 177	Commercial Plans	0-18 + 365 Days	Orthoses + Prostheses	Enacted 2003	Introduced	N/A
New Jersey	SB 3919	Commercial Plans + State Employee Plans	All Ages	Orthoses + Prostheses	Enacted 2008	Introduced	N/A
New Mexico	HB 131	Commercial Plans + State Employee Plans	All Ages	Orthoses + Prostheses	Enacted 2023 (for state employees)	Enacted	1/1/2024



What is the Potential Fiscal and Social Impact?

Covering devices for physical activity has a minimal impact on insurance premiums while providing long term social and fiscal benefits by improving health access and equity for individuals with disabilities.

A recent report published in May 2023 by the European Society of Medicine, *A Multi-State Analysis of the Fiscal and Social Impact of Commercial Insurance Coverage for Recreational Prostheses in the United States*, supports this claim.¹⁹ The objective of the report was to determine the fiscal and social impact of *So Every BODY Can Move* bills under consideration during the 2023 Legislative Session. The increased per member per month (PMPM) to cover these devices was calculated to estimate the relevant state's fiscal impact, showing pennies on the dollar costs associated with the legislation:

- ▶ **CO:** House Bill (HB) 23-1136 is conservatively calculated at \$0.01- \$0.08
- ▶ **CT:** Planned fall 2023 proposed bill is conservatively calculated at \$0.01- \$0.11
- ▶ **IL:** Illinois Senate Bill (SB) 2195 is conservatively calculated at \$0.01 - \$0.37

As noted in the report, the estimated cost increase to CO, CT, & IL was shown to be less than 0.003% of the annual amount spent on healthcare per capita in the United States (\$10,000), and the potential savings were even greater. In exchange for the negligible costs associated with the bills, public health systems could expect to reap enormous savings (in the billions) due to the improved baseline health of the limb loss and limb difference population. A more active, healthier cohort of individuals 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.²⁰



Providing *appropriate* prosthetic and orthotic care also lowers overall healthcare costs. For example, 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 person's lifetime.²¹ 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.²²

19 European Society of Medicine, *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>

20 Amplitude, *Pennis for Prosthetics: New Data Shows Insurance Reform is Way Affordable*: <https://livingwithamplitude.com/prosthetic-insurance-low-cost-amputees/>

21 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>

22 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>

What Demonstrated Support Exists for Coverage of O&P for Physical Activity?

Military

In the United States, the Veterans Administration (VA) and Department of Defense (DoD) provide active-duty military and retired veterans with limb loss, limb difference, and mobility impairment access to prostheses and orthoses designed for physical activity. However, because federal, state, and private healthcare payers view medical necessity through a narrow lens, access to orthoses and prostheses for physical activity is very restricted and often inequitable to Americans with disabilities who have not served in the military.

Charitable Support

Most adults and children who desire to be physically active must rely on charitable support. Over 50 nonprofits exist in the United States to provide donated O&P care, helping thousands of people each year; but collectively, they cannot meet the need of over 2 million people living with limb loss and limb difference and nearly 2 million more who use an orthosis(es) to assist with mobility. While charity improves the lives of the few it reaches, forcing people with disabilities to rely on gifts and volunteer support continues the historic dependence on charity that the Americans with Disabilities Act of 1990 (ADA) promised to end.

United States: Arkansas, Colorado, Maine, New Mexico, and Illinois

As of June 2023, five states have successfully enacted *So Every BODY Can Move* legislation including Arkansas (HB 1252), Colorado (HB 1136), Maine (LD 1003), New Mexico (HB 131), and Illinois (SB 2195). An additional five states introduced *So Every BODY Can Move* legislation in 2023 and are working towards passage in 2024 including Indiana (HB 1433), Massachusetts (HD 4491), Minnesota (HF 3339 / SF 3351), New Jersey (SB 3919), and New Hampshire (SB 177). An additional 20 states have approached the *So Every BODY Can Move* national initiative to express interest in bringing this legislation to their state in 2024+ and are starting the work of assembling their coalitions and core teams. For more details and to compare legislation, see the SEBCM State Tracker and Map on Page 10.



Other Developed Nations

Beyond the United States, other developed countries have started to make strides in expanding access to O&P care for physical activity:

- ▶ **Australia:** In Australia, through the National Disability Insurance Scheme (NDIS), funding support is provided for assistive technologies, including prosthetics and orthotics, necessary for sport and physical activity that are considered to be reasonable and necessary and relative to the goals in an individual's NDIS plan. The NDIS was legislated in 2013 and moved through trial and transition to full rollout across Australia by 2020.
- ▶ **England:** In 2016, England's National Health Service created a £1.5 million fund to cover children's activity and sports prostheses, announced by England's Health Secretary Jeremy Hunt during the 2016 Paralympic Games in Rio.
- ▶ **France:** Ahead of the Paris 2024 Paralympic Games, the French government reduced the VAT (a general consumption tax) on a range of assistive technologies to make it more affordable for persons with disabilities to participate in Para sport. This VAT reduction applies to prosthetic componentry, such as manufactured prosthetic feet, however the associated prosthetic care necessary by a prosthetist — including socket design, fabrication, gait analysis, alignment, etc — is not included in the tax break.
- ▶ **Norway:** In Norway, the entire amount for a prosthesis is covered and individuals can also get support for several prostheses at the same time if it is assessed that they need it for different activities. Children and young people under the age of 26 can receive benefits for special prostheses for sports and exercise activities. If individuals are over 26 and have a functional impairment, they can apply for various activity aids to participate in physical activity, outdoor life, exercise, sports and training.

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