



IMPLEMENTATION GUIDE

SO **EVERY** BODY CAN MOVE

SO EVERYBODY CAN MOVE

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.



Steering Committee

So Every BODY Can Move is guided by its Steering Committee, made up of its four founding partners who provide high-level strategic advisement and financial oversight, including the Amputee Coalition (serving as the backbone administrative organization), the American Orthotic & Prosthetic Association (AOPA), the National Association for the Advancement of Orthotics and Prosthetics (NAAOP), and the American Academy of Orthotists and Prosthetists (AAOP).



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.

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Please visit the [SEBCM Implementation Resources \(External\) Google Drive](#) for documentation resources and more.





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Purpose and Scope of the Implementation Guide

The *So Every BODY Can Move Implementation Guide* is designed to provide state coalitions and O&P professionals with the necessary information and resources to implement their state's updated coverage of prosthetic and orthotic devices for physical activity and, if necessary, expand that care through future legislation.

Definitions of Key Terms

- ▶ **Synonyms for Prosthetics and Orthotics for Physical Activity:** The naming convention for prosthetics and orthotics for physical activity varies depending on the political climate in your state. Here are a few synonyms often referred to for prosthetics and orthotics for physical activity:
 - ▷ Activity-Specific O&P Care
 - ▷ Recreational O&P
 - ▷ O&P Intended for Physical Activity
 - ▷ Prosthetics and Orthotics for Physical Activity
- ▶ **Legislative vs Regulatory Process**
 - ▷ **Legislative Process:** The legislative process refers to the steps involved in creating laws, typically in a legislative body. It includes drafting, amending, voting on, and finally passing bills to be signed into law by a governing authority.
 - ▷ **Regulatory Process:** The regulatory process involves government agencies creating rules and regulations to implement laws. The method includes drafting, proposing, and finalizing rules that determine the specifics of how laws will be enforced. An example is the regulation that established that O&P practitioner notes must be considered as part of the patient's comprehensive medical record.

- ▶ **Rule-making:** Rule-making is a part of the regulatory process where government agencies develop, amend, or repeal regulations. Rule-making involves public notice, comment periods, and the final adoption of rules based on the enabling legislation.
- ▶ **Enactment Date:** The enactment date is when a bill is formally signed into law by a relevant authority (i.e., the Governor). The law has been officially enacted from this date but is not necessarily in effect.
 - ▷ **Example:** *New Mexico's House Bill 131 enactment date was on April 6, 2023, when the Governor signed the bill into law.*
- ▶ **Effective/Implementation Date:** The effective/implementation date is when a law or regulation begins to apply or must be complied with. It often differs from the enactment date, allowing time to prepare for the new requirements.
 - ▷ **Example:** *New Mexico's House Bill 131 went into effect on January 1, 2024, per the legislation.*
- ▶ **Insurance Fairness/Orthotic and Prosthetic Parity:** This refers to laws or regulations requiring state commercial health insurance plans to provide coverage and sometimes reimbursement for orthotics and prosthetics at a level at least equivalent to Medicare. Right now, 23 states have enacted some form of Insurance Fairness.



- ▶ **Medical Necessity:** Medical necessity is a health insurance concept in which treatments or services are required to achieve a desired outcome. In the case of SEBCM, medical necessity is based on the user's needs for therapeutic, rehabilitative, and/or psychological benefits from physical activity. The clinical team (including both the prescribing physician AND the prosthetist/orthotist) should advocate for medical necessity of the secondary device because the daily device cannot achieve the environmental, specialized function, or specific anatomical considerations needed to achieve the desired physical activity outcomes. Insurance companies often have their own definitions of medical necessity used to measure all requests against during a pre-authorization period. The addition of a SEBCM law makes it so these insurance companies cannot deny coverage based on activity alone, but the burden of proof lies with the clinical team to provide evidence of how these activities benefit the subscriber.
- ▶ **Insurance Commission:** The insurance commission is a regulatory body at the state or national level responsible for overseeing and regulating the insurance industry, ensuring compliance with laws, and protecting consumer rights. The name varies depending on the state; these regulatory bodies can be part of larger departments or standalone entities. Examples of different naming conventions are the following: *Office of Superintendent of Insurance, Department of Insurance, Insurance Division within the Department of Commerce or the Department of Financial Services, Office of Insurance Regulation, Bureau of Insurance, a part of the Department of Financial Services, Insurance Department.*



- ▶ **Affordable Care Act (ACA):** The Affordable Care Act, also known as Obamacare, is a comprehensive health care reform law enacted in March 2010. The ACA aims to increase health insurance quality and affordability, lower the uninsured rate by expanding insurance coverage, and reduce healthcare costs. The ACA requires that state-regulated individual and small-group plans cover Essential Health Benefits (see definition below). States are required to create or choose an already-existing health plan that covers all EHBs to serve as a “benchmark,” and all other state-regulated individual and small-group plans must provide the same coverage as a minimum. Under the ACA, plans covering Medicaid expansion populations are also required to cover all EHBs.
- ▶ **Essential Health Benefits (EHB):** Under the ACA, there are ten categories of services health insurance plans must cover, known as Essential Health Benefits. These benefits include ambulatory services, laboratory services, prescription drugs, emergency services, maternity and newborn services, hospitalization, mental health, pediatric services, preventative care, and rehabilitative and habilitative services (which includes O&P services). Through the SEBCM initiative, we are asserting that O&P care specifically designed for physical activity should be considered part of the habilitative and rehabilitative Essential Health Benefit. The bills that we pass in individual states under this initiative codify this assertion into law.
- ▶ **Cost Defrayal:** Under the Affordable Care Act (ACA), when a state legislature passes a benefit mandate that exceeds a state’s selected set of Essential Health Benefits (EHB) (also known as its benchmark plan) and the state is not adopting the mandate in order to comply with federal requirements, the state must defray the cost of coverage of the benefit by Qualified Health Plans (QHPs). We believe that SEBCM legislation should not trigger cost defrayal because orthotics and prosthetics are firmly established as Essential Health Benefits under the ACA, which applies to all state-regulated commercial insurance plans. Only benefits outside of EHB benefits must be defrayed by the states if states choose to mandate that commercial health plans provide them. Coverage of activity-specific prostheses and custom orthoses is a matter of interpretation of what is considered an EHB.



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Summary of the SEBCM Model Legislation



The So Every BODY Can Move (SEBCM) legislation builds upon Insurance Fairness (Parity), which requires state-regulated commercial plans to provide O&P coverage and, in some cases, reimbursement at a level at least equivalent to Medicare. The SEBCM legislation aims to create access to prosthetic and orthotic devices and care for physical activity.

The SEBCM model legislation includes the following**:

- ▶ **Requires state-regulated commercial plans to cover prosthetic and orthotic devices for physical activity and activities of daily living (ADLs) such as showering and bathing.**
- ▶ **Considers O&P as an Essential Health Benefit (EHB) under the ACA for state budgetary purposes.**

- ▶ **Implements physician-based medical necessity requirements.**
- ▶ **Creates non-discrimination standards through the provision of activity-specific devices and additional devices used to facilitate other ADLs, like showering and bathing.**
- ▶ **Requires utilization reports from state commercial insurers.**
- ▶ **Removes arbitrary Reasonable Useful Lifetime (RUL) restrictions.**

***Each state's final bill will differ slightly depending on its political climate, fiscal situation, current statutes, etc. Please visit your state's coverage overview in the "State-by-State Coverage Overview" section.*

Limitations and Exclusions

- ▶ **Federal Plan Limitations:** State-based *So Every BODY Can Move* bills only apply to state-regulated commercial plans and, in some cases, public plans (e.g., some states have included Medicaid plans through their legislation). The federal government regulates the following plans, which are therefore not subject to state-level legislation.
 - ▷ **TRICARE and VA Healthcare Benefits:** TRICARE is a health care program provided by the Department of Defense (DOD) for active duty service members, National Guard and Reserve members, military retirees, their families, survivors, and certain former spouses. VA Healthcare Benefits are provided by the Department of Veterans Affairs (VA) specifically for veterans who have served in the U.S. military. Some veterans may be eligible for TRICARE and VA healthcare benefits due to their service history, disability status, and specific circumstances.
 - ▷ **Medicare:** Medicare is a health insurance program provided by the Centers for Medicare and Medicaid Services (CMS) for people 65 or older and people with disabilities. Medicare services can be separated into two categories: 1) traditional, fee-for-service (FFS) Medicare operated by CMS, and 2) Medicare Advantage, which is operated by Managed Care Organizations (MCOs). MCOs are private companies that contract with CMS to provide Medicare services. Some enrollees may be dually eligible for Medicare and Medicaid, while others can use VA/TRICARE benefits in conjunction with Medicare.
 - ▷ **ERISA:** Most private, *self-insured*, employer-sponsored health plans are regulated by The Employee Retirement Income Security Act (ERISA) of 1974, which sets minimum standards for health plans to protect the rights of individual enrollees. Since these plans are regulated by ERISA at the federal level, they are not subject to state laws like *So Every BODY Can Move*. Companies offering employer-sponsored plans regulated by ERISA tend to be larger, sometimes national companies, whereas the SEBCM laws typically address *fully insured* employer-sponsored plans of companies that are regional or state based.



- ▶ **State Plan Limitations:** Each state's final bill will be slightly different depending on the state's political climate, fiscal situation, and current statutes. Most state-specific limitations in the bills are related to the types of plans that are covered and whether or not the main *So Every BODY Can Move* provisions (nondiscrimination, medical necessity requirements, essential health benefits, reporting requirements, etc.) are included, which is largely based on the state's political landscape. For specific details on your state's coverage, please visit the State-by-State Coverage Overview, and be sure to review individual health plans to see if they're affected by SEBCM laws. One key question to ask a health plan is whether it is fully insured or self-insured. Self-insured plans are typically ERISA-regulated plans that are not subject to state law, while fully insured plans are most often subject to state laws like SEBCM.



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State-by-State Coverage Overview

So Every BODY Can Move's relentless advocacy work, coalition-building, and state-by-state legislative change have achieved many milestones, creating insurance coverage for physical activity prostheses and orthoses one state—and step—at a time. You can stay up-to-date with each state's legislative status and specific state legislation details by visiting <https://soeverybodycanmove.org/work/> and clicking on the state page.

Individual state pages will share the following information*:

- ▶ Bill Number
- ▶ Bill Status
- ▶ Date Signed Into Law
- ▶ Date Law Goes Into Effect
- ▶ Plans Affected
- ▶ Age Group
- ▶ Types of Devices Covered
- ▶ State Leads
- ▶ Primary Bill Sponsors

**State pages will be updated periodically as legislative updates occur.*

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State Leads Next Steps



1

Communicate Enactment and Implementation Date and Legislative Update

Congratulations on successfully passing legislation in your state to create access to prosthetics and/or orthotics for physical activity through health insurance! One of the first things you will do as a state lead is to communicate with the members of your coalition, O&P clinics, patients, the extended O&P community, and organizations that support the LL/LD community in your state about the new state law.

In addition to reaching out to the practitioners, clinics, and individuals living with LL/LD you are connected with, partner with AOPA (advocacy@aopanet.org) and the Amputee Coalition (advocacy@amputee-coalition.org) to send a

communication to their listservs (O&P professionals, clinics, manufacturers, and members of the LL/LD community). It's essential to let these stakeholders know that your state's SEBCM bill has been signed into law and to share details about when the bill goes into effect and who will benefit from this new insurance coverage for O&P devices for physical activity.

An example communication template can be found here: [SEBCM Implementation Letter Template](#)

2 Partner with Your Insurance Commission

Your state's insurance commission can play a vital role in the rollout and implementation of your SEBCM legislation. In most states, your insurance commission serves as the regulatory body for insurance carriers. They may communicate to carriers about new mandates or changes to benefits passed through legislative change.

After your bill is signed into law, it is recommended to schedule a meeting with your insurance commission office to determine their next steps in communicating the new mandated coverage to carriers and state plans. Your insurance commission may partner with you to ensure that the carriers update their evidence of coverage to reflect the new required coverage for O&P activity-specific devices. If your state's legislation added a reporting requirement, it's important to partner with your insurance commission to ensure carriers follow the provision.

Examples of communication templates for insurance commissioners to carriers can be found in the [SEBCM Implementation Resources \(External\) Google Drive](#).

3 Determine Bill Expansion and Next Steps

Each state's final bill will differ slightly depending on its political climate, fiscal situation, current statutes, and limitations. Now that you have successfully passed a version of SEBCM legislation in your state, you might be considering the next steps in expanding your legislation to provide access to patients of all ages, both prosthetic and orthotic devices and Medicaid patients.

Work collaboratively with your SEBCM state coach and current bill sponsor to determine which legislative cycle you can pursue to expand your coverage.

► Expanding access to All Ages and additional coverage for prosthetic/orthotic devices:

- Schedule a meeting with your legislative sponsor to determine the feasibility of expanding legislation and the next steps. Your state coach can support you with bill language and how to address expanding the care in future legislation.



► Expanding Access to Medicaid:

- Expanding Medicaid coverage will differ from state to state based on the political climate and fiscal situation. After legislation is passed, regulatory agencies often engage in a process called rule-making. Rule-making involves developing, amending, and repealing regulations that dictate how laws will be implemented and enforced and how new healthcare coverage is created. The rule-making process typically includes periods for public comment, allowing stakeholders to provide input on proposed regulations.

State coalitions, a part of the SEBCM initiative, have found pursuing the rule-making process to be an avenue to expand healthcare coverage for individuals with Medicaid. The first step in determining if this process is proper for your state is to request a meeting with an individual in a role at your Medicaid Division that oversees benefits and reimbursement. During that meeting, you will determine if there is an internal regulatory rule-making process for your state to create coverage for O&P devices for physical activity that mirrors the mandated coverage for commercial plans.

If your state does not allow rule-making without legislative authority, it's essential to work with your SEBCM state coach and current bill sponsor to determine which legislative cycle you can pursue to expand your SEBCM legislation to include Medicaid coverage.

4 Identify Key Patient Candidates For Testing Claims Process

Every state's process for filing a claim varies, so it is important to identify a few key patient candidates who qualify for activity-specific orthotic or prosthetic devices to test your legislation's new required coverage for activity-specific devices before it goes into effect. After the bill goes into effect, work with that patient and their healthcare provider and O&P practitioner to start the claims process. Partnering with a qualified patient candidate will allow you and your team to identify potential hurdles before a larger influx of claims. We hope there are no hurdles regarding the claims and reimbursement process in your state, but if there are, you should be able to identify them early on in the implementation period. Resources for the claims and reimbursement process can be found in the Orthotic and Prosthetic Professionals' Resources section.

5 Create Community Engagement Opportunities

Mobility/Physical Activity Clinic

After your legislation is signed into law, it's important to spread the word about the new coverage and ensure that patients and providers know about this expanded coverage. A great way to do this and engage your limb loss and difference community is to host a mobility/physical activity clinic!

This mobility/physical activity clinic can be a fun-filled morning or afternoon that allows patients to learn about the various kinds of prostheses and orthoses available for physical activity and, if available, demo some! Partner with O&P clinics, physical therapists, regional manufacturer representatives, and adaptive sports organizations to host a *So Every BODY Can Move* mobility/physical activity clinic.

Attend O&P and Allied Health Partner Conferences

A great way to spread the word about your *So Every BODY Can Move* legislation is to partner with local and state-wide allied health conferences (i.e., O&P, PT, OT, Orthopedics, PM&R, and Disability Rights, etc.) to share the new coverage and raise awareness about the legislative victory and upcoming efforts. Inquire with those entities to see if there is a possibility of having a booth, participating on a panel, or providing educational materials about your SEBCM legislation.



Stay Involved with SEBCM

Advocacy doesn't end after legislative success—your voice remains a powerful force in creating national reform. Together, we can keep the momentum going and help expand the movement.

How You Can Stay Involved:

- ▶ **Use Your Voice**—Share your story and spread awareness about SEBCM's mission.
- ▶ **Grow the Movement**—Know someone in another state? Encourage them to join or start a SEBCM state coalition.
- ▶ **Support Fundraising**—Take part in fundraising events like the 28×28 Mobility Challenge to help fuel the movement.
- ▶ **Stay Connected**—Subscribe to our newsletter and follow SEBCM on social media for updates and advocacy opportunities.
- ▶ **Stay engaged** at SoEveryBODYCanMove.org and on social media.

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Orthotic and Prosthetic Professionals' Resources



Claims and Reimbursement Process

SEBCM legislation creates access to a secondary prosthesis or orthosis for physical activity as prescribed by a physician. Although the process will remain the same as receiving a device for daily living, we are attempting to create documentation standards to support qualifying candidates. This documentation will need to justify the coverage of devices and necessary supplies including but not limited to sockets, components, and liners that help enable physical activity. Below is a sample of what this process should look like.

Step-by-Step Claims Submission Procedure and Appeals Process

Resources: [SEBCM Implementation Resources \(External Google Drive\)](#)

1 Review Patient's Evidence of Coverage

After the legislation goes into effect, it is important to review your patient's updated policy to locate the specific coverage criteria for the secondary prosthetic and custom orthotic devices for physical activity. Determine what type of documentation or special steps may be required for your patient's health plan (i.e. prior authorization). Understand that updates to policies can take time to be published and you may want to contact your patient's insurance company to ensure a) this is a fully-insured plan and b) that the plan has this verbiage in their policy around coverage for an activity-specific device. If the policy verbiage has not been updated, you may need to be ready to cite the recently passed law in your prior authorization submission packet.

2 RX and Clinical Evaluation from Physician

The initial Rx should state the requested secondary device for use in the specialized physical activity/ies in accordance with your *So Every BODY Can Move* Bill. The bill number may be referenced in both the RX & clinical evaluation. The prescribing physician must perform a face-to-face physical examination of the patient and their existing daily device. This physician's clinical note will need to explicitly state why the patient needs to participate in the specific physical activity and why their daily device will not suffice to complete these activities. The physician's prescription should include all health benefits, including physical, mental, and psychosocial considerations, that could be improved by the additional device. Examples of a physician's prescription could read:

- ▷ **Receiving a secondary device for participation in patient's chosen activity allows the patient to achieve therapeutic, rehabilitative, and/or psychological benefits for their plan of care.**
- ▷ **The daily device is insufficient for the patient to achieve patient's chosen activity.**

The following are examples of critical points the physician can use to document in their clinical note the reasons why the daily device is insufficient for the physical activity:

- ▶ **Environmental factors for the patient's chosen physical activity would negatively impact the daily device.**
- ▶ **Engaging in the patient's chosen physical activity would risk the integrity of the patient's only device.**

- ▶ **The daily device does not offer a specialized function (e.g., a walking foot is incompatible with running).**
- ▶ **Changes in forces/alignment of the device are necessary for the physical activity.**
- ▶ **Impacts on the anatomy are greater during this physical activity and therefore require a different interface or suspension.**

3 Letter of Medical Necessity (LMN)

Although an LMN is often not necessary, it can help further explain the health benefits of receiving a secondary device for physical activity. The LMN is an opportunity to discuss the medical necessity of the secondary device in further detail and how it will positively impact the patient's life. Ideally, the visit notes are written in such a way that an LMN is not necessary. Documentation is most effective for claims support and clinical use if it's concise, detailed, patient specific, and contained in the visit note. The LMN should be considered only if requested and not as a useful tool or opportunity.

4 O&P Clinical Evaluation

The O&P practitioner will need to conduct a similar clinical evaluation to corroborate the physician's notes. However, the note needs to be more detailed about the biomechanical demands and necessary components required to perform the physical activity. As with any other evaluation, each L-code will need to be individually justified, but in this case your justifications will all be driven back to the optimal safety and performance of the device while performing the physical activity; as well as, the individual benefits from participating in the physical activity. This will be your opportunity to explain the reason for seemingly redundant codes from their daily prosthesis (e.g., additional liners or socks) or unique requests (e.g., two forms of suspension or a custom fabricated adaptor for a bike mount or kayak paddle).

In addition to your standard functional level assessment, you should discuss and document the patient's goals, as well as how the current device is inadequate to attain those goals. Here you should also clearly state why adjustments to the daily device are insufficient to meet the needs of the chosen physical activity, therefore necessitating a secondary device. Goal setting is an important part of your clinical note as it can offer a data point for pre- and post-delivery outcomes.

5 Appeals

So Every BODY Can Move is creating a paradigm shift in our healthcare system. We expect it may take some time for private insurers to adjust to the change. If a patient's medical policy does not address coverage for activity-specific devices and they receive a denial for services that should be covered based on new legislation, this decision should be appealed. Any denials should be brought to the attention of the state coalition while the O&P provider appeals the decision, referencing the applicable law(s) in your state. Many payors may be willing to negotiate a "one time" agreement that will facilitate payment of claims for orthoses and prostheses covered under the new legislation when the relevant medical policy is either under review or is being updated to comply with the new law. This can be a useful step to bridge the gap between passage of legislation and development of updated policy. Because of the possibility of insurance denials, we provide a sample appeal letter explaining the new state policy (see [SEBCM Implementation Resources \(External\) Google Drive](#)) and the physician's prescription based on individual medical necessity.

6 File a Complaint

When activity based prosthetics or orthotics are denied in states that have passed SEBCM legislation, it is important that prosthetists and orthotists, as well as consumers, file an appeal. It is also important that they file a complaint with their state insurance commission at the same time. This will help accomplish two goals:

- ▶ **It speeds up the appeal process and**
- ▶ **It notifies the insurance commission that insurance companies are not complying with the state law.**

7 Billing and Coding

For guidance or help with specific product coding, please contact the PDAC or your local/national trade association. As a reminder, you as the practitioner, are responsible for the final selected codes for reimbursement.



Please visit the [SEBCM Implementation Resources \(External\) Google Drive](#) for documentation resources and templated examples to support the Step-by-Step Claims Submission Procedure and Appeals Process.

Information about Physical Activity Devices

Custom Devices

A custom-fabricated device is individually made for a specific patient that doesn't exist commercially and cannot be used by anyone else. It is based on clinically derived and rectified castings, tracings, and measurements. The list below will provide examples of non-custom components or devices. However, there are endless opportunities for custom considerations when making devices specific to a physical activity. These could include orthoses with thicker plastic, different trim lines, or interchangeable struts and prosthetic interfaces with varying materials for shock absorption, environmental exposure, or safety features. In addition, custom attachments to adaptive equipment are considered custom devices.

Example Activity-Specific Devices:

- ▶ **Running knees** (e.g., Össur Cheetah Knee, Ottobock Sport Knee)
- ▶ **Running blades** (e.g., Endolite, Fillauer, Levitate, Össur, Ottobock, Proteor)
- ▶ **Skiing/snowboarding knees** (e.g., BioDapt Moto Knee2, G3 Infinity Knee, Ottobock ProCarve, Proteor Easy Ride, XT9)
- ▶ **Skiing/snowboarding feet** (e.g., BioDapt Alpine Foot, Ottobock Slalom Ski, Ottobock ProCarve)
- ▶ **Swim/water knees** (e.g., Ottobock Aqua Knee)
- ▶ **Swim/water feet** (e.g., Ampfin, Ottobock Freestyle Swim, Rampro Activankle, Shinfin)
- ▶ **Surfing knee** (e.g., Proteor Easy Ride, XT9)
- ▶ **Climbing knees** (e.g., G3 Infinity Knee)
- ▶ **Climbing feet** (e.g., TRS Eldorado Z-Axis Climbing Foot)
- ▶ **Biking knees** (e.g., G3 Infinity Knee, Proteor Easy Ride)
- ▶ **Biking feet** (e.g., BioDapt Versa Foot2)

- ▶ **Terminal devices** (e.g., Mert Lawwill, Midwest ProCAD, TAD, TRS)

- ▶ **TurboMed Xtern AFO**

Note: This list is not exhaustive and is only used for examples of off-the-shelf components or devices, NOT custom-fabricated devices.

Interface Design, Fabrication, Alignment and Training

Prostheses and orthoses used for physical activity experience different forces than those used for daily activity. The magnitude and direction of these forces and the range of motion necessary to accomplish the desired activity successfully will influence the interface selection and socket design for these devices. Because of this, we strongly encourage you to take time to dynamically fit and align these devices for specific physical activity and ensure that the materials chosen for fabrication are adequate to accommodate these forces. Practitioners are encouraged to contact the manufacturer for fitting and fabrication instructions for the specific device and activity.



Reporting Requirements (If Applicable)

Reporting Requirements for Insurance Companies

If your state's legislation added the reporting provision, carriers must follow a reporting requirement. In the legislation, there is a date of submission set for each carrier that issues a health plan impacted by the SEBCM legislation to submit a report to your state's insurance commission/superintendent.

Each state's reporting requirement may vary; an example of the provision is the following:

- ▶ **Your state's SEBCM legislation sets a date range for which carriers are required to provide reports.**
- ▶ **Each report will be in a form prescribed by your state's superintendent.**
- ▶ **The report must include the number and total dollar amount of claims paid in this State for the services required by your legislation.**
- ▶ **The superintendent shall aggregate this data by plan year in a report and submit the report to a specific entity that is identified in your state's legislation no later than the prescribed date in your bill.**
- ▶ **State Monitoring and Compliance Audits.**

If your state's legislation added a reporting requirement, it's important to partner with your insurance commission to ensure carriers follow the provision.

Outcomes Measurement

Your state's reported information should reflect this bill's implementation and showcase its positive impact on the LL/LD community through increased access to physical activity. We aim to expand upon this data to analyze the new paradigm and provide a more accurate retrospective analysis. This analysis will aid future states and inform federal legislation.

To achieve these objectives, we are working with *So Every BODY Can Move's* Medical and Research Advisory Committee to develop ways to collect and utilize such data.

Further Resources and FAQs

For additional support and to find answers to commonly asked questions about implementing the *So Every BODY Can Move* legislation in your state, please visit our Frequently Asked Questions (FAQ) folder in the [SEBCM Implementation Resources \(External\) Google Drive](#). Please keep in mind that these FAQs are periodically updated with new information to reflect our initiative's evolving nature and provide the most current support.

Access the FAQs and other important resources here: [SEBCM Implementation Resources \(External\) Google Drive](#).

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