



November 17, 2023

Ashley Setala
Minnesota Department of Commerce
Insurance Division
85 7th Place East, Suite 280
St. Paul, MN 55101

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

Dear Ms. Setala:

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.

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.¹ 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.² Adults and children with mobility limitations are unfortunately at greatest risk for obesity.³ 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 weekly⁴ – 50% of adults with disabilities get absolutely no aerobic physical activity.⁵ Children with disabilities are 4.5 times less likely to engage in physical activity than children without disabilities⁶. 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

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.⁸

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.⁹ Putting more strain on a

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

² 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>

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

⁴ 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

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>

⁸ 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/>

⁹ 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>

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.¹⁰

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.¹¹

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.¹² 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.¹³

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

¹⁰ 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>

¹¹ 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.I.], 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>.

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

¹³ 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>

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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.”¹⁴ 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

¹⁴ 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.

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ACL-related procedures occur in the U.S. each year.¹⁵ 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.¹⁶ 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,

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

¹⁶ 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/>

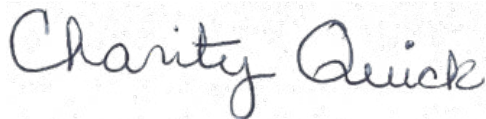
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