ALASKA STATE LEGISLATURE

Subcommittee Chair:

Dept. of Family & Community Services

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Dept. of Health & Social Services

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Dept. of Law

Subcommittee Member:

University of Alaska

REPRESENTATIVE ANDY JOSEPHSON

Finance Committee Co-Chair – Operating Budget

Serving House District 13:

Campbell Park,

Dimond Business District,

East Sand Lake,

Midtown, and

Taku-Campbell

HB 272: Activity-Specific Prosthetics & Orthotics

SPONSOR STATEMENT

"An act relating to insurance coverage for prosthetic and orthotic devices; relating to medical assistance for prosthetic and orthotic devices; and providing for an effective date"

House Bill 272 ensures insurance coverage for prosthetic and orthotic devices that enable their wearers to participate fully in all elements of daily life. Activities such as running, biking, swimming, bathing, and showering are critical to healthy and hygienic living. This bill will make it possible for Alaskans living with full or partial limb loss to engage in those activities.

Currently, individuals needing a prosthetic or orthotic can generally receive coverage for a single prosthetic or orthotic, but these devices often do not have the flexibility or range of motion required for physical activities, water activities, and even showering. Insurance policies are vague about coverage for additional devices, meaning that patients can be denied coverage for an activity-specific device even when such a device has been deemed medically necessary. The consequences to the patient include deterioration of intact limbs (for example, reduced muscle mass, weakened tone, direct pain, and referred pain), risk of injury from use of a device beyond its intended use, obesity, and mental health challenges such as depression and anxiety. The devices can cost from $5,000 to $50,000, making them prohibitively expensive for many.

HB 272 requires insurers, including Medicaid, to provide prosthetic and orthotic coverage at least equal to Medicare's coverage. Specifically, the bill requires that coverage of prosthetic and orthotic devices include all devices that a health care provider deems required to meet the covered person's medical needs for a range of activities, and provides safeguards around financial requirements, and requires written, detailed explanations of any denied claims.

Alaskans who have lost a limb have not lost their desire to participate fully in life. Activity-specific prosthetics and orthotics let children discover sports and keep adults in the outdoor activities they love. I humbly request your support.

Bill version: 34-LS1296\N, 1/22/26

HOUSE BILL NO. 272

IN THE LEGISLATURE OF THE STATE OF ALASKA

THIRTY-FOURTH LEGISLATURE - SECOND SESSION

BY REPRESENTATIVE JOSEPHSON

Introduced: 1/23/26
Referred: Health and Social Services, Finance

A BILL

FOR AN ACT ENTITLED

"An Act relating to insurance coverage for prosthetic and orthotic devices; relating to medical assistance for prosthetic and orthotic devices; and providing for an effective date."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

*** Section 1.** AS 21.42 is amended by adding a new section to read:

Sec. 21.42.445. Coverage for prosthetic and orthotic devices. (a) A health care insurer that offers, issues for delivery, delivers, or renews in the state a health care insurance plan in the group or individual market shall provide coverage for prosthetic and orthotic devices at a level that is at least equal to the coverage required under 42 U.S.C. 1395k - 1395m.

(b) The coverage for prosthetic and orthotic devices required under this section must include all prosthetic or orthotic devices that the covered person's health care provider determines are the most appropriate models to meet the medical needs of the covered person to complete activities of daily living or essential job-related

activities, shower or bathe, perform applicable physical activities, including running, biking, swimming, and strength training, and maximize whole-body health and limb function. The coverage must also include all device materials and components and instruction to the covered person on use of the devices.

(c) Coverage under this section must include coverage for repair or replacement of a prosthetic or orthotic device as needed. The health care insurer shall provide for the replacement of the device, or the repair or replacement of a part of the device, without regard to continuous use or useful lifetime restrictions, if a health care provider determines that the repair or replacement of the device or a part the device is necessary because a change has occurred in the physiological condition of the covered person or a change has occurred in the condition of the device or in a part of the device that affects its functionality.

(d) A health care insurer shall classify the benefits provided under this section as habilitative or rehabilitative benefits to meet state or federal requirements for coverage of essential health benefits.

(e) A health care insurer may not deny coverage for a benefit to a covered person with limb loss or absence that would otherwise be covered for a nondisabled covered person seeking medical or surgical intervention to restore or maintain the ability to perform the same physical activity. A health care insurer shall provide replacement coverage when the condition of the prosthetic or orthotic device or a part of the device requires repair and the cost of repair would be more than 60 percent of the cost of replacement of the device or the part of the device needing repair. A health care insurer may require confirmation from a health care provider before providing repair or replacement coverage under this section if the device, or the part of the device needing repair or replacement, is less than three years old.

(f) A health care insurer shall ensure at least two distinct providers of prosthetics and orthotics are included within the health care insurer's network in the state. If medically necessary covered prosthetics or orthotics are not available from an in-network provider, the health care insurer shall provide the covered person with a referral to an out-of-network provider and shall fully reimburse the out-of-network provider at a mutually agreed upon rate, less the portion that is the responsibility of the

covered person. The copayment of the covered person is determined on an in-network basis.

(g) A health care insurer may not require that a person covered under the health care insurer's plan be subject to financial requirements that are applicable only to prosthetic and orthotic coverage. A health care provider may not impose more restrictive cost-sharing requirements for prosthetic or orthotic services than the plan's cost-sharing requirements for inpatient physician and surgical services.

(h) A health care insurer shall provide a covered person with a description of the covered person's rights under this section in evidence of coverage and any benefit denial letter. A denial letter must be in writing and explain in detail the reason for the denial, including an explanation as to how the request or claim does not meet the medical necessity standards of the insurer, if applicable.

*** Sec. 2.** AS 47.07.030(b) is amended to read:

(b) In addition to the mandatory services specified in (a) of this section and the services provided under (d) of this section, the department may offer only the following optional services: case management services for traumatic or acquired brain injury; case management and nutrition services for pregnant women; personal care services in a recipient's home; emergency hospital services; long-term care noninstitutional services; medical supplies and equipment; advanced practice registered nurse services; clinic services; rehabilitative services for children eligible for services under AS 47.07.063, substance abusers, and emotionally disturbed or chronically mentally ill adults; targeted case management services; inpatient psychiatric facility services for individuals 65 years of age or older and individuals under 21 years of age; psychologists' services; clinical social workers' services; marital and family therapy services; professional counseling services; midwife services; prescribed drugs; physical therapy; occupational therapy; chiropractic services; low-dose mammography screening, as defined in AS 21.42.375(e); hospice care; treatment of speech, hearing, and language disorders; adult dental and dental hygiene services; prosthetic **and orthotic** devices **or replacements as covered in AS 21.42.445(b) and (c);** [AND] eyeglasses; optometrists' services; intermediate care facility services, including intermediate care facility services for persons with intellectual and

developmental disabilities; skilled nursing facility services for individuals under 21 years of age; and reasonable transportation to and from the point of medical care.

*** Sec. 3.** The uncodified law of the State of Alaska is amended by adding a new section to read:

REPORTING. (a) Not later than October 1, 2028, a health care insurer subject to AS 21.42.445, added by sec. 1 of this Act, shall submit a report to the director of the division of insurance, Department of Commerce, Community, and Economic Development, on a form determined by the director, that contains the total number of claims and the total amount of claims paid for services required under AS 21.42.445 for the preceding two fiscal years.

(b) Before the first day of the First Regular Session of the Thirty-Sixth Alaska State Legislature, the director of the division of insurance, Department of Commerce, Community, and Economic Development, shall prepare a report that contains the information reported under (a) of this section aggregated by fiscal year, and shall deliver the report to the senate secretary and the chief clerk of the house of representatives and notify the legislature that the report is available.

(c) Before the first day of the First Regular Session of the Thirty-Sixth Alaska State Legislature, the commissioner of health shall prepare a report aggregated by fiscal year of the total number of claims and the total amount of claims paid for prosthetic and orthotic services provided through medical assistance under AS 47.07.030(b), as amended by sec. 2 of this Act, and shall deliver the report to the senate secretary and the chief clerk of the house of representatives and notify the legislature that the report is available.

*** Sec. 4.** The uncodified law of the State of Alaska is amended by adding a new section to read:

APPLICABILITY. AS 21.42.445, added by sec. 1 of this Act, applies to a health care insurance plan or contract issued, delivered, or renewed on or after the effective date of sec. 1 of this Act.

*** Sec. 5.** The uncodified law of the State of Alaska is amended by adding a new section to read:

MEDICAID STATE PLAN FEDERAL APPROVAL. To the extent necessary to implement this Act, the Department of Health shall amend and submit to the United States Department of Health and Human Services for approval the state plan for medical assistance

coverage consistent with AS 47.07.030(b), as amended by sec. 2 of this Act.

*** Sec. 6.** The uncodified law of the State of Alaska is amended by adding a new section to read:

CONDITIONAL EFFECT; NOTIFICATION. (a) Section 2 of this Act takes effect only if, on or before January 1, 2027, the United States Department of Health and Human Services

(1) approves the amendment to the state plan for medical assistance coverage under AS 47.07.030(b); or

(2) determines that approval of the amendment to the state plan for medical assistance coverage under AS 47.07.030(b) is not necessary.

(b) The commissioner of health shall notify the revisor of statutes in writing within 30 days after the United States Department of Health and Human Services approves the amendment to the state plan or determines that approval is not necessary under this section.

*** Sec. 7.** If sec. 2 of this Act takes effect, it takes effect on the day after the United States Department of Health and Human Services approves the amendment submitted under sec. 6 of this Act or determines that approval of the amendment is not necessary.

ALASKA STATE LEGISLATURE

HOUSE FINANCE
Operating Budget Co-Chair

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REPRESENTATIVE ANDY JOSEPHSON

HB 272: Activity-Specific Prosthetics and Orthotics

SECTIONAL ANALYSIS

"An act relating to insurance coverage for prosthetic and orthotic devices; relating to medical assistance for prosthetic and orthotic devices; and providing for an effective date"

Section 1 amends AS 21.42 to add section 21.42.445, which introduces requirements for prosthetic and orthotic coverage.

Paragraph (a) specifies that insurance providers must provide coverage for prosthetic and orthotic devices to at least the level required by Medicare.

Paragraph (b) requires that the coverage include all such devices determined by a health care provider to be most appropriate to meet the covered person's medical needs for a range of exercise and personal hygiene activities.

Paragraph (c) specifies conditions for coverage of repair or replacement deemed necessary by a health care provider.

Paragraph (d) addresses classifications needed to meet state or federal requirements of essential health benefits.

Paragraph (e) requires that device coverage be covered to the same extent that medical or surgical intervention would be covered for a nondisabled person seeking to perform the same physical activity.

Paragraph (f) addresses availability of in-network and out-of-network providers.

January-May: State Capitol, Room 505, Juneau, Alaska 99801 • (907) 465-4939 • (800) 465-4939
June-December: 1500 W Benson Blvd, Room 312, Anchorage, Alaska 99503 • (907) 269-0265
Rep.Andy.Josephson@akleg.gov

Paragraph (g) forbids financial requirements that apply only to prosthetic and orthotic coverage and requires that cost-sharing requirements for prosthetics and orthotic devices be no more restrictive than the requirements for inpatient physician and surgical services.

Paragraph (h) specifies requirements for notifying a covered person of their rights and providing written, detailed information on the reasons for denial of a claim.

Section 2 amends AS 47.07.030(b) to add orthotic devices and replacement devices to the list of optional Medicaid services provided by the State of Alaska.

Section 3 contains reporting requirements for private insurers and state Medicaid.

Section 4 amends uncodified law of the State of Alaska to specify that Section 1 applies to plans issued or renewed after the effective date.

Section 5 requires the Department of Health to submit an update to the state plan to the US Dept of Health & Human Services.

Section 6 sets an effective date of January 1, 2027, conditional on the changes to the state plan being approved or deemed unnecessary.

Bill version: 34-LS1296\N
1/23/26

Fiscal Note

State of Alaska
2026 Legislative Session

Bill Version: HB 272
Fiscal Note Number:
() Publish Date:

Identifier: HB272-DOH-MS-03-26-26
Title: INSURANCE FOR PROSTHETICS & ORTHOTICS
Sponsor: JOSEPHSON
Requester: (H) HSS

Department: Department of Health
Appropriation: Medicaid Services
Allocation: Medicaid Services
OMB Component Number: 3234

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2027 Appropriation Requested	Included in Governor's FY2027 Request	Out-Year Cost Estimates				
OPERATING EXPENDITURES	**FY 2027**	**FY 2027**	**FY 2028**	**FY 2029**	**FY 2030**	**FY 2031**	**FY 2032**
Personal Services	***		***	***	***	***	***
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
Total Operating	***	**0.0**	***	***	***	***	***

Fund Source (Operating Only)

None							
Total	***	**0.0**	***	***	***	***	***

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues

None							
Total	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

Estimated SUPPLEMENTAL (FY2026) cost: 0.0 *(separate supplemental appropriation required)*

Estimated CAPITAL (FY2027) cost: 0.0 *(separate capital appropriation required)*

Does the bill create or modify a new fund or account? No

(Supplemental/Capital/New Fund - discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? Yes
If yes, by what date are the regulations to be adopted, amended or repealed? 01/01/27

Why this fiscal note differs from previous version/comments:

Not applicable, initial version.

Prepared By: Terra Serpette, Division Operations Manager — Phone: (907)465-6333
Division: Medicaid Services — Date: 03/26/2026
Approved By: Pam Halloran, Assistant Commissioner — Date: 03/27/27
Agency: Department of Health

FISCAL NOTE ANALYSIS

STATE OF ALASKA **BILL NO. HB 272**
2026 LEGISLATIVE SESSION

Analysis

HB 272 adds prosthetics and orthotics, including replacement, as optional services under Medicaid (AS 47.07.030(b)) and aligns Medicaid coverage requirements with those proposed for commercial insurance.
The bill requires Medicaid to cover provider-determined prosthetic and orthotic devices that meet an individual's medical needs for daily living and work activities, all device components, patient instruction, and repair or replacement without lifetime or use limits when medically necessary.

HB 272 shifts the standard from "least costly adequate" to "most appropriate," with greater reliance on provider determination. This change, along with expanded coverage expectations, may increase utilization and costs, particularly for adult services. Current replacement processes already allow for medically necessary early replacement.

Federal Medicaid requirements direct states to manage utilization and ensure services are necessary and cost-effective. Alaska's current framework reflects these requirements. The proposed changes may present administrative and federal compliance considerations, including review through the State Plan Amendment process.
The bill requires submission of a Medicaid State Plan Amendment and makes implementation contingent on federal approval or determination.

Implementation would require system updates, guidance revisions, training, and provider communication.

Fiscal Impact

The bill is expected to increase Medicaid expenditures due to higher-cost devices, expanded use cases, and potential for multiple device configurations per individual. Costs vary widely depending on device type.

To roughly illustrate the magnitude of cost impacts, microprocessor knees run $40,000 - $70,000 compared to $5,000 - $15,000 for mechanical alternatives; running blades cost $5,000 - $30,000; and swim legs cost $5,000 - $15,000. The department anticipates a shift in unit-cost for high-cost components, new volume for waterproof and activity-specific requests, and adult vs. pediatric impacts (noting again that EPSDT already supports broader pediatric coverage in some circumstances).

Approximately 1,800 individuals may be affected annually. Medicaid prosthetics and orthotics claims are currently funded at roughly 68 percent federal and 32 percent general funds.

The overall fiscal impact is indeterminate, as utilization and service levels would depend on individual needs and provider determinations.

GOVERNOR'S COUNCIL ON DISABILITIES AND SPECIAL EDUCATION

GOVERNOR'S COUNCIL ON DISABILITIES
& SPECIAL EDUCATION
Patrick Reinhart, Executive Director
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Toll Free: 1.888.269.8990
Fax: 907.269.8995

March 19, 2026

Honorable Members of the Alaska State Legislature
Alaska State Capitol
Juneau, AK 99801

RE: SUPPORT FOR HB 272 - INSURANCE FOR PROSTHETICS & ORTHOTICS

Dear Members of the Alaska State Legislature,

On behalf of the Governor's Council on Disabilities and Special Education, I am writing to express strong support for House Bill 272. The Council thanks Representative Josephson for his dedication to this important issue and for introducing this legislation during the 34th Alaska State Legislature on January 23, 2026. HB 272 proposes important updates to Alaska's insurance coverage laws for prosthetic and orthotic devices that will help individuals with developmental disabilities and others obtain the equipment they need to live healthy, active, and independent lives.

The Governor's Council on Disabilities and Special Education (GCDSE or the Council) fulfills several federal and state roles, including serving as Alaska's State Council on Developmental Disabilities under the Developmental Disabilities Assistance and Bill of Rights Act. The Council works to improve the lives of Alaskans with developmental disabilities and promotes a system in which individuals can live meaningful lives in their communities, consistent with AS 47.80.095, the Developmental Disabilities Shared Vision Act. HB 272 supports this vision by addressing barriers that individuals with disabilities face in obtaining prosthetic and orthotic devices necessary for everyday living, work, recreation, and personal care.

Public Health Need

- Approximately **6,500 Alaskans live with limb loss or limb difference**.
- Many face barriers to obtaining prosthetic or orthotic devices for **physical activity, water activities, and personal hygiene**.
- Barriers often include:
  - Insurance denials for devices labeled **"not medically necessary."**
  - **High out-of-pocket costs** ranging from **$5,000 to more than $50,000**.
- Without appropriate coverage, individuals and families may be forced to:
  - Pay prohibitive costs for necessary devices.
  - Risk **injury from using improper or worn devices**.

    - Live **sedentary lifestyles**, increasing risk for long-term health complications such as obesity.
    - Struggle with **independent personal hygiene** due to lack of appropriate equipment.
- Standard prostheses are designed primarily for **walking and daily mobility** and may not be appropriate for:
    - Running or sports
    - Climbing or physically demanding work
    - Water use or bathing
- Many individuals therefore require **specialized prosthetic or orthotic devices** designed for specific activities.
- Children with disabilities are **4.5 times less likely to participate in physical activity** than children without disabilities.

How HB 272 Helps

- HB 272 updates Alaska's prosthetic and orthotic coverage law so that **health insurance plans must cover medically necessary prosthetic and orthotic devices**.
- The bill allows individuals to access **additional devices needed for physical activity or hygiene when medically necessary**.
- These updates will help ensure that individuals with limb loss or limb difference can:
    - Maintain **independence**
    - Participate in **work, recreation, and community life**
    - Access equipment needed for **health and personal care**

Fiscal and Social Impact

Research shows that coverage for prosthetic and orthotic devices has **minimal impact on insurance premiums** while producing long-term health and economic benefits.

Key findings include:

- **Secondary joint problems** caused by improper prosthetic use can cost **$80,000–$150,000** over a patient's lifetime.
- One study found that providing **Medicaid prosthetic coverage reduced healthcare costs by $1,177.60 per patient**.
- The **estimated cost of physical inactivity** is approximately **$2,500 per person per year**.
- Improper prosthetic use increases risk of **injury and hospitalization**, among the most expensive healthcare costs in Alaska.
- Individuals with disabilities who remain physically active are more likely to:
    - Maintain **employment**
    - Advance in their careers
    - Experience improved **physical and mental health**

Alaskans Who Would Benefit

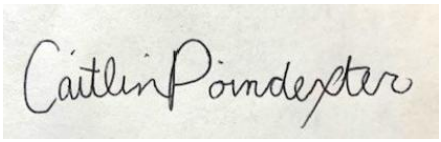
HB 272 will help ensure that Alaskans with limb loss or limb difference have **fair access to the prosthetic and orthotic devices necessary to participate fully in their communities**. Expanding coverage for medically necessary devices supports health equity, independence, and improved quality of life for individuals with disabilities across Alaska.

Thank you for your consideration of this important legislation and for your continued commitment to improving the lives of Alaskans with disabilities.

Sincerely,

Sabrina Richmond, GCSDE Chair

Patrick Reinhart
GCDSE Executive Director



Caitlin Poindexter
GCDSE Legislative Committee Co-Chair

Art Delaune
GCDSE Legislative Committee Co-Chair

APTA Alaska
A Chapter of the American Physical Therapy Association

February 19, 2026

Representative Andy Josephson
Co-Chair
House Finance Committee
Alaska State Capitol
Juneau, Alaska 99801

RE: APTA ALASKA SUPPORT FOR HB 272 - Activity-Specific Prostheses and Orthoses

Dear Members of the Alaska State Legislature,

On behalf of APTA Alaska, we write to express our strong support for HB 272, legislation aligned with the So Every Body Can Move Act, that would require coverage of medically necessary activity-specific prostheses and orthoses.

As licensed Physical Therapists and Physical Therapy Assistants, we are movement experts many of whom work daily with Alaskans living with limb loss and limb difference. Our role extends beyond helping patients achieve basic ambulation. We are responsible for restoring strength, balance, endurance, and safe participation in meaningful life activities. For many Alaskans, those activities include hiking, fishing, skiing, hunting, working on uneven terrain, and participating in community recreation. Standard prosthetic or orthotic devices function well for some daily activities, but are often not biomechanically designed to safely support these higher-demand activities.

Without access to activity-specific devices, patients face increased risk of falls, overuse injuries, joint degeneration, chronic pain, and reduced physical activity. These limitations contribute to preventable secondary conditions such as cardiovascular disease, diabetes, obesity and depression – ultimately increasing long-term healthcare costs and decreasing their quality of life. From a clinical perspective, activity-specific prostheses and orthoses are not recreational items; they are medically necessary tools that enable safe movement, effective rehabilitation, and long-term health maintenance.

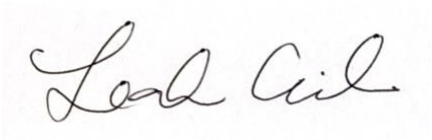
HB 272 represents a proactive investment in public health and functional independence. Ensuring coverage for medically appropriate devices improves outcomes, supports participation in work and community life, and advances health equity for Alaskans with limb loss and limb difference.

APTA Alaska respectfully encourages your support of HB 272. This legislation aligns with our profession's mission to optimize movement, enhance quality of live, and promote equitable access to care across our state.

APTA Alaska
140B Purcellville Gateway Drive, Suite 120 / Purcellville, VA 20132 / 907-202-8776 / info@akapta.org / www.akapta.org

Thank you for your consideration and your service to the people of Alaska.

Sincerely,



Leah Einhorn, PT, DPT, OCS, FAAOMPT
President, APTA Alaska

UAA College of Arts and Sciences
UNIVERSITY of ALASKA ANCHORAGE

March 14, 2026

House Health & Social Services Committee
Alaska State Capitol, 120 4th Street Rm 3,
Juneau, AK 99801-1182

Re: Support for House Bill 272 – Prosthetic and Orthotic Coverage

Dear Members of the House Health & Social Services Committee,

On behalf of the University of Alaska Anchorage Physical Therapist Assistant Program, the only physical therapy education program in the state of Alaska, I write in strong and heartfelt support of House Bill 272.

At UAA, we are not just teaching content. We are preparing future providers who will care for Alaskans in clinics, hospitals, and communities across this state. Our students are learning how to help people move again, return to work, care for their families, and regain a sense of independence after injury, illness, or limb loss.

What they quickly come to understand is that healing is not just about what happens in the clinic. It is about access.

I have watched students work with individuals who are motivated, resilient, and doing everything they can to recover, yet they are limited not by their effort, but by whether they can access the prosthetic or orthotic devices they need. These are not optional tools. They are essential for basic movement, safety, and dignity.

These moments stay with our students. They begin to realize that being a good clinician is not only about skill and knowledge. It is also about advocating for the person in front of them and recognizing the barriers that exist beyond their control.

House Bill 272 matters because it directly addresses one of those barriers. It helps ensure that medically necessary prosthetic and orthotic devices are accessible, allowing patients to

UAA College of Arts and Sciences
UNIVERSITY of ALASKA ANCHORAGE

fully participate in their care and in their lives. It aligns the care we are teaching with the care that should be possible.

As educators, we carry a responsibility not only to our students, but to the communities they will serve. We want to graduate clinicians who are prepared, compassionate, and able to make a real difference. That becomes much harder when the patients they work with cannot access the very tools needed for progress.

This bill supports our students' ability to provide meaningful care. More importantly, it supports Alaskans in maintaining independence, mobility, and quality of life.

We respectfully and strongly urge your support in passing House Bill 272. This is about more than coverage. It is about people, possibility, and the kind of healthcare system we want to build in Alaska.

Sincerely,

Lindsey Marsaw, ACCE, CSCS
Academic Coordinator of Clinical Education
Assistant Professor
Physical Therapist Assistant Program
Kinesiology
School of Preventive and Therapeutic Science
University of Alaska Anchorage
3211 Providence Dr.
PSB, Room 117C
Anchorage, AK 99508
907-786-6968

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.

SO EVERY BODY CAN MOVE

SO EVERY BODY 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 "28×28," 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 EVERY BODY 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 Fairness[1] 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 risk[5]. 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 crisis[7]; 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.

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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 year[17], and public and private healthcare spending exceeds $500 million per year on ACL reparations[18]. 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:

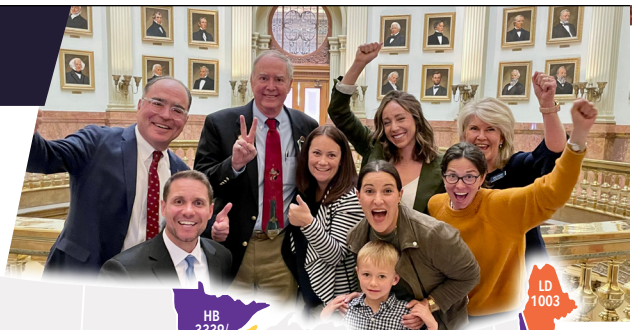
> Arkansas, California, Colorado, Connecticut, Delaware, Illinois, Indiana, Iowa, Louisiana, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, Oregon, Rhode Island, Texas, Utah, Vermont, Virginia

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

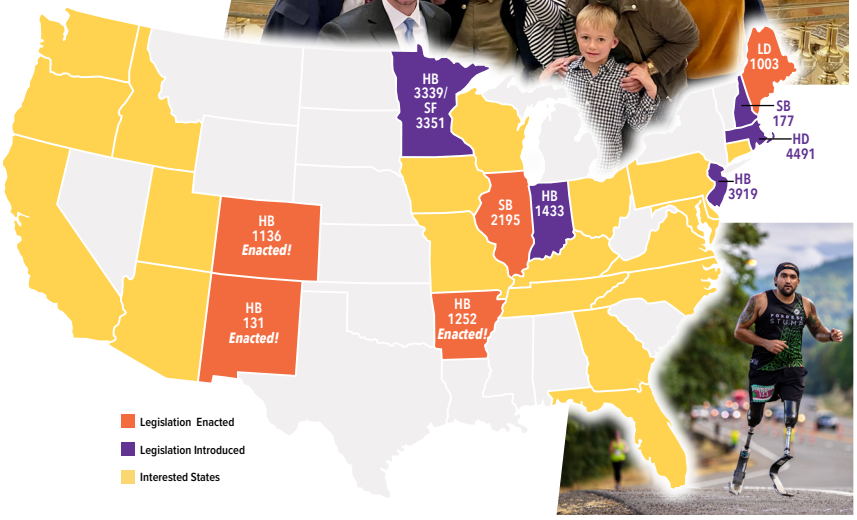
This is now law! Work with our team to submit claims for orthotic and prosthetic care for physical activity.

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

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.

SO EVERY BODY CAN MOVE

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]

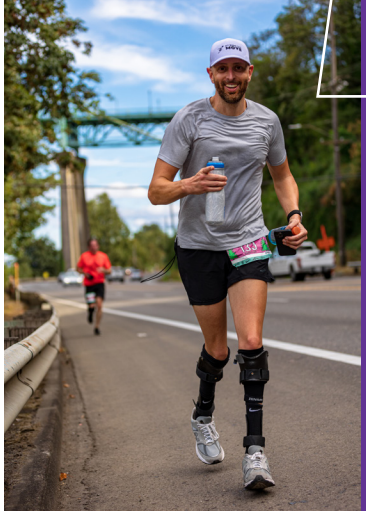
Providing *appropriate* prosthetic and orthotic care also lowers overall healthcare costs. For example, knee or hip problems resulting from lack of appropriate prosthetic care can result in increased healthcare costs ranging from $80,000 to $150,000 over the course of a single person's lifetime.[21] 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.

SO EVERYBODY CAN MOVE

FACT SHEET

SO EVERY BODY CAN MOVE ALASKA

What is the public health problem?

Alaskans living with limb loss and limb difference face **significant barriers to accessing life-changing orthotic and prosthetic (O&P) care.** Essential devices for physical activities, water activities, and personal hygiene are being denied as "not medically necessary", leaving patients with unmanageable out of pocket expenses. Without these devices, individuals are unable to work, play, or care for themselves - leading to worsening health problems and further medical expenses.

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 health complications including obesity
- **Struggle with autonomous personal hygiene** due to very limited access to a prosthesis or orthosis for the shower

Individuals **need specialized prostheses and orthoses for physical activity**, recreation, and hygiene purposes. Currently there is not adequate coverage for these devices.

- Children with disabilities are **4.5 times less likely** to engage in physical activity than children without disabilities [1]
- Every day prostheses are built and designed for walking; they are not designed for frequent running, jumping, climbing, or sports

How does the proposed legislation fix it?

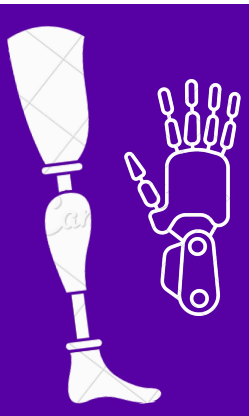
This bill updates Alaska's prosthetic and orthotic coverage law to ensure that health insurance plans include prostheses and orthoses needed for physical activity and personal hygiene when deemed medically necessary.

What is this legislation's potential fiscal and social impact?

- Covering devices for physical activity and hygiene has a minimal impact on insurance premiums while providing long term social and fiscal benefits to improve health access and equity for the approximately 10,701 Alaskans living with limb loss or limb difference
- Based on a fiscal analysis done on the impact of this legislation in multiple states, it was conservatively estimated that the average cost of this bill in Alaska is $0.05 per member per month (PMPM), while ultimately leading to net state healthcare savings of $26,435,033 [2]
- How this legislation actually lowers overall healthcare costs:
  - The cost of inactivity is approximately $2,500/year per person,
  - 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]
  - One study showed that providing Medicaid prosthetic coverage decreased overall healthcare costs by $1,177.60 per patient. [3]
  - People with disabilities who are physically active are more likely to be employed, advance in their careers, and have improved physical and mental health. [4]

We believe

MOVEMENT IS MEDICINE



CONTACT

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alison@alchemyak.com

JUSTINE

Justine lives in Anchorage, and has always prioritized getting outside for hiking, trail running, backpacking, and climbing. After severe trauma to her ankle and subsequent complications kept her from accessing the places she loves most, amputation came up as an option that could allow her to return to an active lifestyle. When she learned about the potential financial burden created by lack of coverage for a prosthesis designed for recreation, she felt that something must be done. Of all the barriers that could prevent someone from living in a way that brings them joy, lack of coverage and prohibitive costs should be the most obvious one to remove.

JUSTUS

Justus, 10 from Seward, loves swimming, soccer, hiking, and baseball. The last three would not be possible without a prosthetic. Swimming would be immensely improved with an adaptive prosthetic. This baseball season his prosthetic leg snapped while playing short stop. He still managed to bat a home run the next inning with a pinch runner. A backup leg for breakdowns would keep him in the game. We live 2.5 hours from the closest prosthetist. Every visit requires a full day.

SUPPORTING ORGANIZATIONS

Challenge Alaska

American Orthotic & Prosthetic Association

amputee coalition

NAAOP

THE ACADEMY AAOP
American Academy of Orthotists & Prosthetists
Driving professional excellence for quality O&P care.

ALCHEMY
Orthotics & Prosthetics

FACT SHEET

Sponsors:
Rep.
Rep.
Sen.
Sen.

[1] 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
[2] Malouff, S., Cain, J., & Cartwright, S. (2024). A Multi-State Analysis of the Fiscal Impact of Commercial Insurance Coverage for General-Use & Activitiy-Specific Prosthetic and Orthotic Devices in the United States. Retrieved from https://esmed.org/MRA/mra/article/view/5104/99193547842
[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] 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

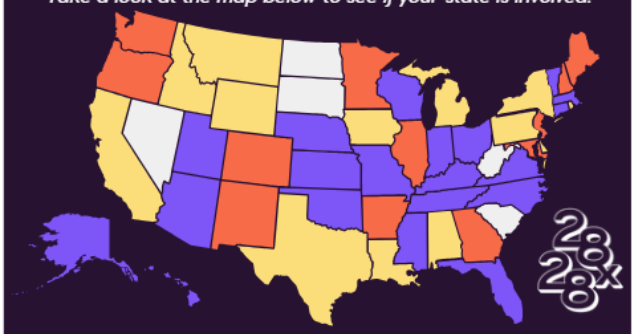
SO EVERY BODY CAN MOVE ALASKA

Empower through Movement

Movement is medicine and physical activity is a right, not a privilege. But today, millions of children and adults in the United States with limb loss, limb difference, and mobility impairment 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*** is working to change this through state-by-state legislative action, expanding access to this medically necessary care.

Want to join this movement for change?

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



- Enacted Legislation
- Introduced Legislation
- Pursuing Legislation/ Building Infrastructure

Our Goal To enact legislation in 28 states by the 2028 Los Angeles Paralympics and then pursue federal reform

Legislation Enacted

SO EVERY BODY CAN MOVE

This is now law! Work with our team to submit claims for orthotic and prosthetic care for physical activity. *(Enacted in 2022-2025)*

1. **Arkansas** (HB 1252)
2. **Colorado** (HB 1136)
3. **Georgia** (SB 101)
4. **Illinois** (SB 2195 / HB 3036)
5. **Maine** (LD 1003)
6. **Maryland** (SB 614 / HB 0865)
7. **Minnesota** (HF 3339 / SF 3351)
8. **New Hampshire** (SB 177)
9. **New Jersey** (SB 1439)
10. **New Mexico** (HB 131)
11. **Oregon** (SB 699)
12. **Washington** (HB 1669)

2026 Legislation Introduced

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

1. **Alaska** (HB 272)
2. **Arizona** (HB 2333)
3. **Connecticut** (HB 5374)
4. **Florida** (SB 1110 / HB 1301)
5. **Georgia**** (HB 951)
6. **Hawaii** (HB 1536)
7. **Indiana** (SB 72)
8. **Kansas** (HB 2566)
9. **Kentucky** (SB 97 / HB 740)
10. **Louisiana** (HB 477)
11. **Maryland**** (SB 276 / HB 455)
12. **Massachusetts*** (H 4549 / S 811)
13. **Mississippi** (HB 896)
14. **Missouri** (HB 2034 / SB 1571)
15. **New Hampshire**** (SB 408)
16. **New Mexico**** (HB 38)
17. **Ohio*** (HB 564)
18. **Oklahoma** (SB 1673)
19. **Oregon**** (HB 4040)
20. **Tennessee*** (SB 422 / HB 406)
21. **Vermont*** (HB 432)
22. **Virginia** (HB 216)
23. **Washington**** (HB 2568)
24. **Wisconsin** (SB 1077)

* carried over from 2025 to 2026
**expansion of existing law

Get Involved!

Fill out our **Advocate Interest Form** by scanning the QR code to join existing efforts or bring ***So Every BODY Can Move*** to your state.

Our Impact

Bills Introduced	62
States Enacted	12
State Coalitions	43
State Leaders	250+
State Volunteers	Thousands

Learn more on our website or follow us on social media:

www.soeverybodycanmove.org @soeverybodycanmove

Medical Research Archives

European Society of Medicine

OPEN ACCESS

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DOI: https://doi.org/10.18103/mra.v12i3.5104

ISSN: 2375-1924

RESEARCH ARTICLE

A Multi-State Analysis of the Fiscal Impact of Commercial Insurance Coverage for General-Use & Activity-Specific Prosthetic & Orthotic Devices in the United States

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ABSTRACT

Prosthetic and orthotic devices are assistive devices utilized by individuals with limb loss, limb difference, and mobility impairment. Research has shown these devices improve mobility and functionality, independence, and overall quality of life for individuals with disabilities who depend on them. This report focuses on two use types of prosthetic and orthotic devices: general-use and activity-specific. General-use prostheses and orthoses are designed to achieve the basic needs of ambulation and upper-limb functionality. In contrast, activity-specific devices are designed to support higher-intensity physical activities and recreation.

Currently, 29 states do not require insurance coverage for general-use prosthetic and orthotic devices, and 45 states do not require insurance coverage for activity-specific devices, hindering individuals with limb loss, limb difference, and mobility impairment from essential life functions, including regular exercise required to prevent chronic illnesses.

This study analyzes proposed legislation in 11 states, aiming to expand state-regulated coverage for prosthetic and orthotic devices for the purpose of improving quality of life and longevity of health, including chronic illness prevention. The methodology includes estimating the per member per month (PMPM) and net cost variations per state based on U.S. Census populations, Center of Medicare and Medicaid Services (CMS) Public Use Data Files and state-specific Medicaid fee schedules. The authors hypothesize that expanded insurance coverage could yield long-term social and fiscal benefits to the patient and healthcare systems.

Results show PMPM estimates for states pursuing various levels of coverage, encompassing both general-use and activity-specific devices. The analysis conservatively estimates small PMPM increases based on assumptions related to device coverage costs and utilization. The results further emphasize potential overall healthcare savings from insurance coverage for these devices with the implementation of the 11 legislative initiatives, from improved health outcomes, with minimal fiscal impact.

States with prior enacted legislation covering insurance fairness and pursuing 2024 legislation covering prosthetic and orthotic devices for both activity-specific insurance coverage only:

- Maryland (SB0614/HB0865): $0.01 - $0.25 PMPM
- Massachusetts (bill number H4096): $0.01 - $0.28 PMPM
- New Hampshire (bill number SB 177): $0.01 - $0.05 PMPM
- New Jersey (bill number not yet assigned): $0.01 - $0.37 PMPM
- Oregon (bill number not yet assigned): $0.01 - $0.17 PMPM

States pursuing 2024 legislation covering prosthetic and orthotic devices for both activity-specific and general use (fairness) insurance coverage:

- Idaho (bill number not yet assigned): $0.01 - $0.14 PMPM
- Kentucky (bill number not yet assigned): $0.01 - $0.32 PMPM
- Minnesota (bill numbers HF 3339/SF3351): $0.01 - $0.39 PMPM
- Ohio (bill number not yet assigned): $0.01 - $0.82 PMPM
- Pennsylvania (bill number not yet assigned): $0.01 - $0.89 PMPM
- Tennessee (bill number not yet assigned): $0.01 - $0.50 PMPM

This review found the net fiscal and social benefit of these states' proposed legislation is expected to outweigh the associated costs. The fiscal impact on total healthcare costs is relatively small compared to the potential positive benefits for patients and healthcare systems.

Introduction

According to the Kaiser Family Foundation[1], the United States (U.S.) leads global healthcare spending, investing around $12.9K per capita annually. Despite this substantial investment, the U.S. has the lowest life expectancy among industrialized nations. Additionally, as indicated by the Centers for Disease Control (CDC)[2], the country has seen a concerning decline in life expectancy for the second consecutive year, with a reduction of 2.7 years since 2020—the first decline since 1923. The primary cause of death in the United States is heart disease, often linked to chronic conditions like unhealthy blood cholesterol levels, diabetes mellitus, and obesity. Also according to the CDC[3], these diseases are preventable through exercise and a healthy diet. Furthermore, a study published by the American Heart Association[4] by Wang et al found meeting the national exercise guidelines results in an average annual savings of $2,500 per patient in healthcare costs when compared with those who do not meet the guidelines. For the purposes of this analysis, individuals receiving a device are assumed to recreate with increased ability to meet the national guideline of walking and/or movement for 30 minutes per day, five days per week.

The gap between significant healthcare spending and decreasing life expectancy indicates a need to reassess the current insurance coverage landscape, especially concerning preventative health services. Exploring the inclusion of preventive measures within insurance coverage could address this disparity, offering potential improvements in both short- and long-term physical and behavioral health outcomes and broader healthcare systematic impacts. Thus, understanding opportunities for populations

at risk for the leading cause of death to exercise regularly is the hypothesized approach to decreasing healthcare costs and improving life expectancy.

Currently, 29 states in the U.S. do not require coverage of general-use prosthetic and orthotic devices, and 45 states do not require coverage of activity-specific devices[5]. Prosthetic and orthotic devices are assistive devices utilized by individuals with limb loss, limb difference, and mobility impairment. Research has shown these devices improve mobility and functionality, independence, and overall quality of life for individuals with disabilities who depend on them[6,7]. Thus, the lack of coverage creates a health access barrier and health equity concern for those experiencing limb loss, limb difference, or mobility impairment.

This study analyzes potential coverage for two types of device use. First, general-use devices are defined as prosthetic and orthotic devices designed to achieve the basic needs of ambulation and upper-limb functionality. Second, activity-specific devices are defined as prosthetic and orthotic devices designed to support higher-intensity physical activities and recreation. Without these devices, individuals living with limb loss, limb difference, or mobility impairment are highly restricted in their ability to perform essential life functions, including exercise, to prevent chronic illness and heart disease[8].

To expand on the correlation between the cost of healthcare and this population, a recent study found the average cost per hospital stay accumulated to $11,700, making hospitalization one of the most expensive categories of healthcare costs[9]. When considering the average cost of an amputation (a subcategory of hospitalization costs), a recent study by Al-Thani et al[10] focused on patient cost per amputation found that the overall per-patient cost for amputation was U.S. $89,808. Therefore, the cost of amputation can be presumed to be one of the most expensive types of healthcare utilization and should be addressed accordingly. Furthermore, 55% of individuals who have undergone amputation as a complication of diabetes will require an amputation of the second leg within 2-3 years[11]. A solution could be hypothesized as providing insurance coverage for preventative health measures to decrease the prevalence of amputation and subsequent related costs.

Recent studies analyzed activity-specific prostheses' social and fiscal impact in Maine, Colorado, Connecticut, and Illinois[12,13]. The results showed minimal per member per month (PMPM) estimates per state. PMPM is a term used to describe the amount of money paid on a monthly basis for each individual enrolled in a managed care plan, often used in commercial insurance networks[14]. Results of these studies quoted a range increase of $0.09 - $0.37 and considered a minimal fiscal impact to the commercial insurance network. Subsequently, 100% of the legislation introduced referencing this data was enacted in Maine, New Mexico, Colorado, and Illinois between 2021 to 2023. However, these studies only analyzed activity-specific prosthetic coverage and did not assess the general-use device cost or orthotic coverage component[15].

Additional research has shown considerable cost and patient outcome benefits from prosthetic and orthotic device use:

For every dollar spent on rehabilitation, there is a savings of more than $11 in disability

benefits. In addition, knee or hip problems resulting from lack of appropriate prosthetic care can result in health care costs ranging from $80,000 to $150,000 over a lifetime[16].

Considering the above findings, it is hypothesized that expanded state-regulated commercial insurance coverage of both general-use and activity-specific devices could generate long-term social and fiscal benefits by improving access to healthcare and enhancing patient outcomes compared to the current state insurance coverage options and standard of care.

This study aims to expand on previous relevant methodology previously used to calculate PMPM for activity-specific prosthetic device coverage. However, this analysis will seek to include general-use device insurance coverage of orthoses and prostheses and activity-specific device coverage in 11 states with proposed legislation. The outcome will calculate an estimated PMPM per state, estimated healthcare cost savings by providing preventative-related health benefits based on existing actuarial and policy review literature, and both values' overall net benefit or cost.

Material and Methods

Understanding the legislative landscape:

States proposing legislation on relevant device coverage in their upcoming 2024-2025 legislative sessions include Idaho, Kentucky, Maryland, Massachusetts, Minnesota, New Hampshire, New Jersey, Ohio, Oregon, Pennsylvania, and Tennessee.

Among these, Idaho, Kentucky, Minnesota, Ohio, and Pennsylvania and Tennessee advocate for legislation to mandate commercial insurance for general-use and activity-specific prosthetic and orthotic device coverage.

States with previously enacted legislation covering general-use devices and seeking expanded coverage for activity-specific prosthetic and orthotic devices include Maryland, Massachusetts, New Hampshire, New Jersey, and Oregon.

Device type and coverage requirements for each state's legislation vary based on locally sponsored legislative representation and advocates' determination, which may change throughout upcoming legislative sessions. Thus, for the purpose of this study, estimates will be based on proposed levels of coverage as of the current date, January 2024.

Understanding existing policy and research literature:

The existing literature used to calculate the estimated PMPM for activity-specific prostheses was analyzed using Minnesota's actuarial PMPM published by the Minnesota Department of Commerce[17]. Minnesota's actuarial analysis found minimal fiscal impact with a net increase of $0.39 PMPM, with indications of improving quality of life and decreasing the cost of episodic care. For the purpose of the following methodology, all values referenced from the Minnesota Department of Commerce report were adjusted substantially based on the methodology below and no longer represent the findings of the initial report.

Utilizing the $0.39 PMPM estimate as a base value, various calculations can be applied to reach a similar estimate for the 11 additional states seeking legislation.

The first calculation aimed to understand the total cost breakdown between orthotic and prosthetic devices. Minnesota notes a total estimated paid expenditure amount of $116,395,832 in the first year of the coverage across 84,776 orthoses (44.74% of total devices) and 21,520 prostheses (55.26% of total devices).

Suppose these percentages of costs are applied to the two categories of devices; a per-device PMPM can be calculated (image 1). This value is useful to apply on a population basis as each state's population varies, and the PMPM would change as a result. Population data referenced in this methodology comes directly from the U.S. Census Bureau's July 2022 report[18].

To further calculate the estimated cost within a state, the device utilization prevalence was calculated from Minnesota's analysis by comparing the 84,776 orthoses and 21,520 prostheses against their total population. As Minnesota's values and estimates projected in 2025, this study first recalculated the prevalence based on 2022 U.S. census values as the most recent published census data[19].

Orthoses were found to have a 1.47% prevalence, and prostheses were found to have a 0.37% prevalence against the total M.N. population. These prevalence values were used to calculate each additional state's device utilization values. Once device values were identified, the cost per device determined in image one was multiplied to individually estimate the PMPM associated with orthotic and prosthetic coverage. Breaking out these two cost categories is imperative as states' coverages vary, and the related costs must be accounted for as such.

For example, Idaho is seeking legislation for orthotics and prosthetics for general and activity-specific use. Thus, the orthotic PMPM must be added to the prosthetic PMPM to sum up the general-use of PMPM. To ensure the activity-specific prosthetic PMPM value is then added, we assume an additional 50% of the prosthetic cost as a recent fiscal analysis estimates 50% utilization for activity-specific devices in comparison to general use devices[20].

In contrast, other states already have enacted insurance mandates covering general-use devices. Thus, only the activity-specific costs are summated to estimate the net PMPM. All calculations can be referenced in image 2.

Each state's employer-insured and nongroup member rate was gathered from the Kaiser Family Foundation[21] insurance coverage 2022 analysis to compare population variations in employer and nongroup insurance from Minnesota's member rate (image 3). If the percentage of this covered population was lower than Minnesota's, the difference was flagged as a potential increase to the PMPM, based on the assumption that the number of members to spread the cost increased by that value. After further analysis, if the member amount decreased in total member count, the number of individuals utilizing these devices would also decrease.

As the exact decrease in utilization and member values is unknown unless payer claims data is available, this analysis calculated the potential cost difference if the delta in the payer population was to be applied to the PMPM.

For example, Kentucky was found to have the most significant variance in nongroup and employer-covered lives population at 11.6% less than Minnesota's. The average variance across all states was 4% less of the population

holding nongroup or employer insurance than M.N., calculating a less than one cent increase in PMPM. As the specific utilization rate cannot be assumed without payer claims data, and the average impact would increase at less than one cent PMPM, this calculation was not included in the fiscal estimate methodology.

Similar outcomes were calculated when comparing the difference in disability prevalence in each state and subsequent impact in PMPM. The average variance across all states was found to have a 1.9% higher disability prevalence when compared to M.N. This difference would equate to less than one cent increase in PMPM. Additionally, the disability rate referenced by the US Census Bureau is not exclusive to prosthetic and orthotic device utilization pathologies and is subsequently a gross overestimate based on the inclusion of non-mobility-affecting categories (deaf, blind). For these reasons, this calculation was not included in the methodology.

This study also analyzed the Centers for Medicare and Medicaid Services Durable Medical Equipment Prosthetic Orthotic Schedule[22] (DMEPOS) reimbursement state rate differences between the two most frequently coded prosthetic L-codes (L5301 and L5321) and L1970, one of the most coded orthotic L-codes.

Only Idaho and Oregon were found to have higher reimbursement rates across all three codes, at 2.19%. This would equate to a minute impact at less than a one-cent increase in PMPM.

When considering the $2,500 annual savings found in a recent study by the American Heart Association[4], this value can be applied to each state's utilization population for a state specific impact of savings. These values can be found in image 4.

All the estimates found within the results sections are calculations that estimate the potential per month per member cost per state, based on the assumptions above. The basis of these calculations originated with the actuarial study by Minnesota's Commerce Department. All assumptions and calculations completed in this research are not made on an actuarial basis. The calculations are based on population assumptions made available through the U.S. Census Bureau and supporting publicly available data, as referenced.

Results

States with prior enacted legislation covering insurance fairness and pursuing 2024 legislation covering prosthetic and orthotic devices for both activity-specific insurance coverage only:

- Maryland (SB0614/HB0865): $0.01 - $0.25 PMPM
- Massachusetts (bill number H4096): $0.01 - $0.28 PMPM
- New Hampshire (bill number SB 177): $0.01 - $0.05 PMPM
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- Minnesota (bill numbers HF 3339/SF3351): $0.01 - $0.39 PMPM

- Ohio (bill number not yet assigned): $0.01 - $0.82 PMPM
- Pennsylvania (bill number not yet assigned): $0.01 - $0.89 PMPM
- Tennessee (bill number not yet assigned): $0.01 - $0.50 PMPM

This analysis conservatively estimates PMPM increases concerning each state's proposed legislation based on the following assumptions:

- The PMPM identified in Minnesota's Commerce Department 2024 analysis can be applied to state specific populations to estimate a PMPM. Further analysis against state specific all payer claims data is needed as utilization is likely varied due to disability prevalence differentials.
- When assuming each individual will create healthcare cost savings at $2500 annually, when provided access to recreation, a cost net savings is found at each state, between $50M - $392M. The net savings calculation includes per month per member costs[6].

The above net benefit assumes every individual receiving a prosthetic or orthotic device would see subsequent improvements in quality of life and health.

Image 1: The calculations within images stem from MN's $0.39 PMPM estimate, referenced within Minnesota Commerce Department's analysis[16].

	Totals	Orthotics	Prosthetics
Paid expendatures:	$116,395,832.00	44.74%	55.26%
Device breadown	106,296	84,776	21,520
PMPM	$0.39	$0.175	$0.2158
Per device cost (PMPM divided by # of devices)	NA	$0.000002060	$0.00001000

Image 2: Calculation breakdown of estimates per state, on the basis of population variances.

B	F	G	H	I	J	K	L
Equation assumptions:	*Column H * $0.00001*	*50% of column F based on assumption: patients will receive an activity specific and general use device at 50% of the cost (per 2024 NJ Fiscal Analysis)*	*MN Commerce Department 2024 analysis quotes 0.37 of the population*	*MN Commerce Department 2024 analysis quotes 1.47% of the population.*	*Column I * $0.00000206*	*Columns F+G+J = Total State PMPM for O&P rec & fairness - exception of TN px only*	*Columns G+J = Total State PMPM for O&P rec & fairness - exception of TN px only*
State	**Prosthetic general use cost**	**Prosthetic active use cost**	**Estimated annual prosthetic device utilization**	**Estimated annual orthotic device utilization**	**Orthotic cost**	**General-use & Activity-specific PMPM**	**Activity-specific only PMPM**
Idaho	$0.06	$0.03	5955	23658	$0.05	$0.14	NA
Kentucky	$0.14	$0.07	13757	54657	$0.11	$0.32	NA
Maryland	$0.19	$0.09	18954	75306	$0.16	NA	$0.25
Massachusetts	$0.21	$0.11	21157	84058	$0.17	NA	$0.28
Minnesota	$0.29	$0.14	28573	113519	$0.23	$0.66	NA
New Hampshire	$0.04	$0.02	4120	16367	$0.03	NA	$0.05
New Jersey	$0.28	$0.14	28306	112457	$0.23	NA	$0.37
Ohio	$0.35	$0.18	35494	141016	$0.29	$0.82	NA
Oregon	$0.13	$0.06	12676	50363	$0.10	NA	$0.17
Pennsylvania	$0.39	$0.19	38589	153314	$0.32	$0.89	NA
Tennessee	$0.22	$0.11	21576	85722	$0.18	$0.50	NA

Image 3: State's variances from MN's commercial insured population.

Equation assumptions:	*Insurance coverage of the total state population per 2022 Kaiser Family Foundation*	*Under 65 yo population data from 2022 US Census Bureau*	*Disability rate under 65 yo per 2022 US Census Bureau*
State	**Non-group & employer insured difference from MN**	**Delta from MN's under 65 yo population**	**Delta from MN's under 65 yo population**
Idaho	-6.30%	0.0%	2.0%
Kentucky	-11.60%	0.0%	5.6%
Maryland	-1.80%	0.0%	0.10%
Massachusetts	-1.10%	-1.0%	0.3%
New Hampshire	1.30%	-3.0%	1.3%
New Jersey	-.0.90%	0.0%	1.0%
Ohio	-9.70%	-1.0%	2.4%
Oregon	-7.40%	-2.0%	2.6%
Pennsylvania	-5.10%	-3.0%	2.3%
Tennessee	-6.30%	0.0%	3.4%

Image 4: Calculations estimating cost and savings associated with PMPM increases, and $2500 in healthcare savings, per individual receiving devices.

Equation assumptions:	*US Census info*	*Annual saving, per state on the assumption individuals provided access to general-use and/or activity specific devices save $2,500 per year*	*Per Kaiser Foundation*	*Annual state cost*	*Net State cost/savings per year*
State	**Total O&P population under 65**	**O&P population * $2,500**	**Total commercial & non-group members**	**(PMPM *12) member population**	**Annual cost - Annual savings**
Idaho	29613	$74,032,262	796652	$1,319,803	$72,712,459
Kentucky	68414	$171,034,578	1840481	$7,044,250	$163,990,328
Maryland	94260	$235,650,272	3037840	$9,109,946	$226,540,326
Massachusetts	105216	$263,038,902	3430942	$11,484,614	$251,554,288
Minnesota	142092	$355,230,124	2885383	$22,936,798	$332,293,326
New Hampshire	20486	$51,216,124	694758	$452,818	$50,763,306
New Jersey	140763	$351,907,498	4605398	$20,624,277	$331,283,221
Ohio	176510	$441,275,378	4930773	$48,690,503	$392,584,875
Oregon	63039	$157,597,426	1839778	$3,689,756	$153,907,670
Pennsylvania	191903	$479,756,724	5840517	$62,703,522	$417,053,202
Tennessee	107299	$268,247,022	3195639	$19,182,807	$249,064,215

Discussion

The average maximum fiscal impact across all 11 states proposing relevant legislation is found at $0.01 - $0.38 PMPM. A cost insignificant in comparison to the risk of not providing access to mobility, both at a basic life necessity basis, and a recreational basis, for this population.

Benefits can also be found at a systematic healthcare level. For example, if this particular patient population utilizes the healthcare system less frequently due to a decrease in chronic health concerns prevented or relived by physical activity, provider resources can be reallocated for other patient needs. This could result in a decrease in next available appointments and a general increase in diagnosis times as access to healthcare is enhanced across the system[22].

Additional fiscal impact considerations include relevant legislation proposed in the 11 states would total a small proportion of the total healthcare cost, and the probable net positive fiscal benefit based on previous studies would be advantageous to all patients and healthcare systems alike. Minnesota's analysis quotes coverage of these devices as providing optimal health outcomes for this population and minimizes associated impacts on health disparities.

Further research is required to confirm these estimates against claims data, per state. Without this data, the estimates of this report are not able to confirm utilization variances in each population subcategory (differentials in payer groups, disability prevalence variances in each state, etc).

Conclusion

In conclusion, the increase in PMPM is less than the estimated annual healthcare savings calculated per state. While the proposed legislation in each state aims to increase commercial per-member per-month expenses, this report brings attention to potential long-term savings associated with these bills. These savings could alleviate out-of-pocket burdens for individuals with amputations seeking recreational prosthetics, and also positively impact healthcare facilities, government-funded programs, and orthotics and prosthetics providers. Further investigation is necessary to validate these findings.

The bills introduced in all 11 states have the potential to improve access to healthcare services and equity in appointment scheduling at orthotics and prosthetics clinics, which play a crucial role in meeting patient needs.

Enhancing access and equity in healthcare is linked with better long-term patient outcomes and overall quality of life. Additionally, the authors suggest that these bills would likely have limited social and fiscal repercussions for state residents, while potentially enhancing health access and equity compared to current insurance options and the negative outcomes associated with non-recreational prosthetic use.

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SURVEY OF COSTS OF ACTIVITY-SPECIFIC DEVICE COVERAGE

HB 272: Insurance Coverage for Prosthetic and Orthotic Devices

Estimated insurance cost change (per member per month)

Arkansas:	Immaterial increase in insurance costs (0.3 cents per member per month)[1]
Colorado:	$0.01 - $0.08 per member per month[2]
Connecticut:	$0.01 - $0.11 per member per month[3]
IL:	$0.01 - $0.37 per member per month[4]
NM:	0.000% – 0.001% impact on rates[5]

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