

## FACT SHEET

# SF 3351 / HF 3339

# SO EVERYBODY CAN MOVE MINNESOTA

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

There are over 28,000 individuals living with limb loss and limb difference in Minnesota. Many of these Minnesotans are **unable to afford and access life changing orthotic and prosthetic (O&P) care** that restores mobility due to lack of insurance coverage "not medically necessary" denials, and high out of pocket costs.

Without health plan coverage, adults, children, and families are forced to:

- **Incur prohibitive out-of-pocket costs** (ranging from \$5,000 - \$50,000)
- **Risk harm/injury** using an improper device
- **Live socially isolated and sedentary lifestyles** with costly health complications including obesity and depression

Minnesotans with disabilities **need fair access to prostheses and orthoses for daily independence and physical activity.**

- Currently, 1.9 million people are living with limb loss in the United States, with an average of 507 people continuing to lose a limb every day.

## The goal of this legislation:

To amend MN law to improve access to orthotic and prosthetic (O&P) care for children and adults by requiring state insurance plans provide coverage for O&P:

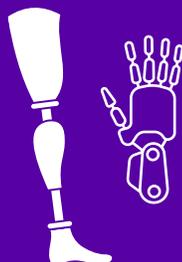
1. At a level that is equivalent to the federal Medicare program;
2. In a manner that is not more restrictive than the health plan's other medical and surgical benefits including those for internal restorative devices;
3. For purposes of performing physical activities, as applicable, including but not limited to running, biking, and swimming, and maximizing the enrollee's limb function;
4. For the purposes of showering or bathing; and
5. In a manner that shall not deny an O&P benefit for an individual with limb loss or absence that would otherwise be covered for a nondisabled person seeking medical or surgical intervention to restore or maintain the ability to perform the same activity.



## The potential fiscal and social impact:

- **Ensuring appropriate O&P coverage has a minimal impact on insurance premiums** while providing long term social and fiscal benefits by improving health access and equity for Minnesotans with disabilities. The estimated increase to premiums as a result of SF 3351 / HF 3359 is **conservatively calculated at \$0.01-\$0.39 PMPM.**
- **Legislation of this type is seeing widespread support across the country.** Arkansas (HB 1252), Colorado (HB 1136), Illinois (SB 2195), Maine (LD 1003), and New Mexico (HB 131) enacted similar legislation in 2022 and 2023. Florida (SB 0828 / HB 1003), Indiana (HB 1428), Maryland (SB 614), Massachusetts (HD 4491), Minnesota (HF 3339/ SF 3351), New Hampshire (SB 177), New Jersey (SB 1439), and Tennessee (HB 1992 / SB 2010) have all introduced similar legislation in 2024. [1]
- Providing appropriate orthotic and prosthetic care **lowers overall healthcare costs and reduces demands on government social support systems:**
  - Knee or hip problems resulting from lack of appropriate prosthetic care can result in increased healthcare costs ranging from \$80,000 to \$150,000 over the course of a single patient's lifetime.[2]
  - A Colorado state study showed providing Medicaid prosthetic coverage decreased overall healthcare costs by \$1,177.60 per patient.[2]
  - People with disabilities who are physically active are more likely to be employed, advance in their careers, and have improved physical and mental health.[3]

*We Believe*  
**MOVEMENT  
IS MEDICINE**



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## LOGAN



**Logan**, from Shakopee, is a multisport / activity kid. He wrestles, skateboards, plays soccer, sled hockey and races motocross. Logan has multiple prosthetics that allow him to keep up with his family and friends. Components include his daily ambulating prosthetic, running blade and a special prosthetic knee for racing motocross and riding his bike.

## MATT



**Matt**, from Prior Lake, is a husband and father, and employee of Wells Fargo Minneapolis. Diagnosed at a young age with osteosarcoma that ultimately resulted in the loss of his leg above the knee, Matt lives a very active lifestyle pushing his prosthetic components to their limits.

## COURTNEY



**Courtney**, from Mound, was injured in a boating accident that resulted in the loss of her leg below the knee. As a very active adult, wife, and mother of two, she depends on her prosthetic devices to keep up with family, work as a Fox9 news reporter, and to just stay active.

## WALKER



**Walker** (pictured left), from Woodbury, is a go-getter! He recently received a prosthetic running blade from Wiggle Your Toes that allowed him the freedom to run like a non-disabled person! He loves hanging out with friends and family, school, and staying active by playing sled hockey on the MN Wild sled hockey team, soccer, and flag football.



# 2x

Children with mobility limitations are at greatest risk for obesity. The prevalence of obesity in children with disabilities is almost twice that of children without disabilities.[4]



# 1 in 2

50% of adults with disabilities get absolutely no aerobic physical activity.[5]

# 4.5x

Children with disabilities are 4.5 times less likely to engage in physical activity than children without disabilities.[6]

# "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.[7]



**MSOPP**  
Minnesota Society of Orthotists,  
Prosthetists, & Pedorthists

**WIGGLE YOUR TOES**  
HEAL · RECOVER · FLOURISH

**American  
Orthotic &  
Prosthetic  
Association**

**amputee  
coalition**

**THE ACADEMY  
AAOP**

**NAAOP**  
National Association for the Advancement  
of Orthotics & Prosthetics

# MOVEMENT IS MEDICINE

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MINNESOTA**

[1] Maine Bureau of Insurance, *Review and Evaluation of LD 1003 An Act to Improve Outcomes for Persons with Limb Loss*: <https://www.maine.gov/pfr/sites/maine.gov/pfr/files/inline-files/LD1003-Maine-Mandated-Benefit-Athletic-Prosthetic-Report.pdf>

[2] 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>

[3] 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>

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

[5] Centers for Disease Control and Prevention (CDC), *Inactivity Related to Chronic Disease in Adults with Disabilities*: <https://www.cdc.gov/media/releases/2014/p0506-disability-activity.html>

[6] American College of Sports Medicine, *Why We Must Prioritize Equitable Access to Physical Activity for Children with Disabilities*: <https://www.acsm.org/blog-detail/acsm-blog/2021/03/22/prioritize-equitable-access-to-physical-activity-for-children-with-disabilities>

[7] Physical Activity Alliance, *The 2022 United States Report Card on Physical Activity for Children and Youth*: <https://paamovewithus.org/wp-content/uploads/2022/10/2022-US-Report-Card-on-Physical-Activity-for-Children-and-Youth.pdf>