

Minnesota Society of Orthotists, Prosthetists & Pedorthists

February 12, 2024

RE: Support HF 3339 / SF 3351: Improving Insurance Coverage for MN Amputees & Disabled

Dear Members of the House and Senate Commerce Committees,

On behalf of Minnesota Society of Orthotists, Prosthetists & Pedorthists (MSOPP), a Minnesota (MN) non-profit, we are writing to ask for your support of MN Bill HF 3339 / SF 3351.

MSOPP's mission includes protecting public health and promoting the welfare of residents of MN who have physical disabilities and utilize orthotic and prosthetic (O&P) care and devices.

MN Bill HF 3339 / SF 3351 will provide Minnesotans living with limb loss, limb difference, and mobility impairment the ability to access prescribed O&P care in a manner that is:

1. Consistent with Medicare standards for the aged and disabled;
2. Consistent with other medical and surgical benefits within the same insurance plan;
3. For physical activities to maintain overall health of mind and body;
4. For showering and bathing to safely maintain hygiene; and
5. Inclusive of nondiscrimination standards that will guarantee Minnesotans receive standards of care similar to their non-disabled Minnesotan peers.

These are important matters to this community of Minnesotans.

Today, 28,000 Minnesotans with limb loss and limb difference and mobility impairments are unable to access prescribed, life-changing O&P care due to a lack of coverage and affordability in state and private health plans. This is especially true for orthoses and prostheses utilized for physical activity and showering/bathing, which are often deemed "not medically necessary." Without appropriate health coverage, adults, children, and families are forced to incur prohibitive out-of-pocket costs, risk harm or injury using an inappropriate device, or live sedentary lifestyles with costly secondary health complications including obesity, diabetes and depression.

The truth of the matter is that the actual expenditure on these O&P devices really has little effect on premiums. Independent state studies in CO, CT, IL, and ME show that by ensuring coverage, premium increases are less than 37 cents per member per month (PMPM). Recently, MN's 62J Report from Commerce indicated a premium increase of 39 cents PMPM. The financial and health-related savings are substantial, and the studies suggest that activity-specific coverage may present significant long-term savings, as patients are able to reduce the costly consequences of sedentary living and reap the health outcomes that physical activity provides.^{1 2}

¹Kehoe, Shaneis et al. *A Multi-State Analysis of the Fiscal and Social Impact of Commercial Insurance Coverage for Recreational Prostheses in the United States*. Medical Research Archives, [S.l.], v. 11, n. 5, may 2023. ISSN 2375-1924. <https://esmed.org/MRA/mra/article/view/3809>

² Novak, Donna et al. *A Report to the Joint Standing Committee on Health Coverage, Insurance and Financial Services of the 130th Maine Legislature Review and Evaluation of LD 1003 An Act to Improve Outcomes for Persons with Limb Loss* February 2022 <https://www.maine.gov/pfr/sites/maine.gov/pfr/files/inline-files/LD1003-Maine-Mandated-Benefit-Athletic-Prosthetic-Report.pdf>

It is important to note, the Affordable Care Act includes O&P devices as essential health benefits (EHB); however, challenges for access to EHB exist in MN for those in the disabled community who rely on O&P devices for their activities of daily living, including exercise and bathing.

Coverage for O&P care and devices in MN is currently not on par with Medicare (or the Veteran's Administration), therefore access is limited for the aged and disabled individuals in need. This is problematic given the increase in beneficiaries to Medicare Advantage plans. Providing quality O&P care that is on-par with Medicare leads to better quality-of-life for patients with little additional cost. A 2018 study published in the Journal of NeuroEngineering and Rehabilitation found that "patients who received lower-extremity prostheses had comparable Medicare episode payments (including the cost of the prosthesis) and better outcomes than patients who did not receive prostheses."³

The coverage requirements of this bill will also help address and improve the O&P needs of MN's pediatric population and help this population live safer, healthier, and more active lives. Activity-specific custom O&P devices are necessary to allow a child or adult to engage in exercise and recreation; and showering and bathing devices are necessary to allow them to safely maintain hygiene. This bill seeks to empower Minnesotans with mobility impairments to access the physical, mental, and social health benefits provided by physical activity and self-care.

If signed into law, this proposed legislation would change the current MN state and private health plans' more restrictive views that only one prosthesis or orthosis is covered to ambulate or walk. More than one is needed to perform the activities of daily living that include exercise and showering/bathing. Multiple devices are often necessary to restore full human function; this is the standard of care being provided by the Veterans Affairs (VA) and Department of Defense (DoD) to active-duty military and retired veterans living with limb loss, limb difference, and mobility impairment.

If signed into law, this proposed legislation will provide Minnesotans living with limb loss, limb difference, and mobility impairment the ability to access O&P care that will improve function and mobility and help them live healthy and active lives. It will ensure they have access to prescribed O&P devices that allow them to reap the benefits of physical activity in the same manner as their non-disabled Minnesotan peers.

Based on the information provided, please support Bill HF 3339 / SF 3351. Please contact me at tony.fruci@century.edu if you have questions or need additional information.

Thank you,



Tony Fruci, MSOPP President, on behalf of the MSOPP Board of Directors

³ Dobson A, Murray K, Manolov N, DaVanzo JE. Economic value of orthotic and prosthetic services among medicare beneficiaries: a claims-based retrospective cohort study, 2011-2014. J Neuroeng Rehabil. 2018 Sep 5;15(Suppl 1):55.
<https://jneuroengrehab.biomedcentral.com/articles/10.1186/s12984-018-0406-7>