

Empower through Movement

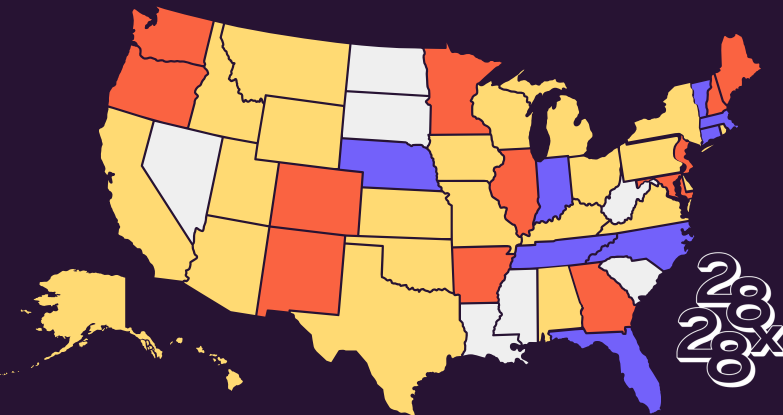
Movement is medicine and physical activity is a right, not a privilege. But today, millions of children and adults in the United States with limb loss, limb difference, and mobility impairment are unable to afford and access life-changing prosthetic and orthotic care that helps them be physically active 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

Get Involved!



Our Impact

Bills Introduced 42

States Enacted 12

State Coalitions 41

State Leaders 250+

State Volunteers Thousands

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.

Legislation Enacted

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)



2025 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. **Connecticut** (SB 1015)
2. **Indiana** (SB 270)
3. **Maryland** (SB 406/HB 383)
4. **Massachusetts** (SD 1134/HD 3787)
5. **Nebraska** (LB 410)
6. **New Hampshire** (SB 132)
7. **North Carolina** (HB 906)
8. **Pennsylvania** (HB 1391)
9. **Tennessee** (SB 422/HB 406)
10. **Utah** (HB 564)
11. **Vermont** (H 432)



**SO EVERYBODY
CAN MOVE**

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



www.soeverybodycanmove.org



[@soeverybodycanmove](https://www.instagram.com/soeverybodycanmove)

FACT SHEET

SO **EVERYBODY**
CAN MOVE
PENNSYLVANIA

The public health problem impacting individuals with limb loss and limb difference:

There are an estimated 276,000 individuals living with limb loss and limb difference in Pennsylvania. Many of these Pennsylvanians are **unable to afford and access life changing prosthetic and orthotic care that restores mobility and physical activity** 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 sedentary and socially isolated lifestyles** with costly health complications including obesity and depression



BRAELYNN

Braelynn was born with left fibular hemimelia and had a below-knee amputation at just 14 months old. A bright, active child, she's faced every challenge with joy and determination—she even loves her prosthesis so much she asks to sleep in it!

Braelynn visits Nemours Children's Hospital often for adjustments that help her keep up with her adventurous spirit.

Her parents are passionate advocates for So Every BODY Can Move, ensuring that access to prosthetic care allows Braelynn—and every child—to grow, play, and thrive without limits.



KELVIN

Kelvin was just seven years old when a road accident on his way to school crushed one of his legs. He endured more than fifteen surgeries as infection and gangrene threatened his life. At the Children's Hospital of Philadelphia (CHOP), doctors made the lifesaving decision to amputate.

Despite countless surgeries, extended school absences, and bullying, Kelvin excelled in football, basketball, music and academics. His relentless energy often pushes his prosthetic to its limits, leading to frequent damage and ongoing challenges.

Today, as a student at Thomas Jefferson University, Kelvin aspires to become a surgeon and entrepreneur dedicated to helping children in need. His story stands as a testament to resilience and hope.



KAITLIN

Kaitlin lives in Pennsylvania with her husband and two children. At the end of 2023, she developed Toxic Shock Syndrome from a strep infection, resulting in bilateral below-knee and partial finger amputations in 2024.

A Penn State art graduate, lifelong artist, and energetic mom, Kaitlin has returned to caring for her kids, chaperoning field trips, and helping renovate their home.

Her next goal is to run again—finding freedom, peace, and strength in every stride.



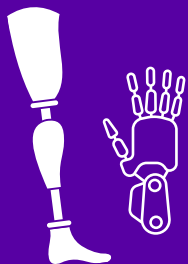
GLENN

Glenn is a nonprofit leader, pastor, and cultural connector facilitating collaboration across Southeastern Pennsylvania to help communities thrive. His right hand was amputated below the elbow at age 8 after a horse riding accident. He immigrated from Paraguay, South America in high school.

Glenn and his wife Connie have adopted four children, three with special needs. Together, they enjoy bike riding, including the 150-mile Greater Allegheny Pass Trail from Pittsburgh to Cumberland, Maryland. Having access to a prosthetic hand has enabled Glenn's career and facilitated a healthy, athletic lifestyle.

He is glad to take part in SEBCM to advocate for O&P access for himself and others across the Commonwealth—across all communities, cultures, and ethnicities.

We Believe
**MOVEMENT
IS MEDICINE**



CONTACT

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Learn more: www.soeverybodycanmove.org to get involved

The goal of this legislation:

- **Insurance Plans Impacted:** Individual, small group, fully insured employer plans/large group market plans and PA Medicaid
- **Coverage for Physical Activity** - Provide coverage for prosthetic and orthotic care necessary for physical activity.
- **Coverage for Showering & Bathing** - Provide coverage for personal hygiene including showering and bathing.
- **Insurance Fairness (Coverage + Payment)** - Provide coverage and reimbursement for prosthetic and orthotic care at a level at least equivalent to Medicare.
- **Nondiscrimination Standards** - Prohibits insurers from denying activity-specific prosthetic and orthotic care that would otherwise be provided to a patient without a disability to perform the same activity (e.g. ACL repair, knee replacement, etc).

The potential fiscal and social impact:

- **Ensuring appropriate O&P coverage for physical activity has a minimal impact on insurance premiums;** fiscal reports from six states have shown health premium increases ranging from \$0.08 to \$0.37 PMPM. [1] [2]
- **Legislation of this type has seen widespread bipartisan support across the country.**
 - 12 states have already enacted legislation for physical activity/showering & bathing since 2022 and an additional 15 states have introduced legislation in 2025.
 - 25 states have enacted Insurance Fairness legislation since 2000.
- Providing appropriate prosthetic and orthotic 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]
 - 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.[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]



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]



MOVEMENT IS MEDICINE

**SO EVERYBODY
CAN MOVE
PENNSYLVANIA**

[1] Malouff, S et al., 2025 A Multi-State Analysis of the Fiscal and Social Impact of Commercial Insurance Coverage for General-Use & Activity-Specific Prosthetic & Orthotic Devices in the United States

[2] 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>

[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/ncehdd/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>