

EMPOWER

THROUGH MOVEMENT



SO **EVERYBODY**
CAN MOVE

ADVOCACY & LOBBYING TOOLKIT

SO **EVERYBODY**
CAN MOVE

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Welcome

Empower Through Movement

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.

This toolkit will assist you through the step-by-step process on how to build and lead the *So Every BODY Can Move* initiative in your state.

SO EVERYBODY 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 "28x28," 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.

ADVOCACY & LOBBYING TOOLKIT

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SO EVERYBODY CAN MOVE

Introduction



Welcome to the *So Every BODY Can Move* Advocacy and Lobbying Toolkit, a comprehensive resource designed to equip individuals and organizations with the tools and knowledge needed to effectively advocate for access to orthotic and prosthetic (O&P) insurance coverage for physical activity.

Whether you are updating an existing law in your state or creating a new one, this toolkit is your roadmap to making a lasting impact in your state for the limb loss and limb difference community.

With strategies for engagement, raising awareness, and influencing laws and regulations, this toolkit is an effective guide for both new and experienced advocates. It provides advice on planning your state's *So Every BODY Can Move* advocacy campaign, engaging stakeholders, building coalitions, navigating legislation and communicating effectively with policymakers.

This guide goes beyond practical advice to explore the *So Every BODY Can Move* initiative's history and the legislative process, giving you a deeper insight into O&P insurance coverage and impacting policies. It

also includes templates, continuing education, and a link to a folder containing additional resources.

While the guide is designed to be flexible and adaptable to meet varying state's bandwidth and timelines, we recommend following all the steps for the most effective advocacy initiative.

Advocacy and lobbying are democratic tools for everyone seeking to make a difference. This guide aims to empower you to shape policies and decisions affecting the limb loss and limb difference community. Let's use these tools to build a more inclusive future, *So Every BODY Can Move*.

This guide is your companion in the fight for just and equitable insurance coverage for physical activity. **The time for action is now.**

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Toolkit Guidelines



Our hope and mission is for you to have a positive experience leading your legislative effort and that your team has all the resources you need to succeed. As part of utilizing this toolkit, we ask that you follow the guidelines and minimum expectations below:

- ▶ Engage people with limb loss and limb difference as leaders in your state's policy and advocacy initiative.
- ▶ Select one person to be your overall state lead to serve as the national partner's primary contact.
- ▶ Create an inclusive and diverse coalition as well as core team.
- ▶ Follow the SEBCM brand standards.
- ▶ Utilize the SEBCM state intake form for coalition building.

As part of utilizing this toolkit, we ask that you follow the guidelines and minimum expectations below.

- ▶ Collaborate with national partners to develop your state's model legislation.
- ▶ Maintain regular communication with your national partner contact.

If you foresee challenges in meeting these expectations, please reach out to your national partner contact to discuss before getting started in your state.

SO EVERYBODY 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 Fairness¹ 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 risk⁵. 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 crisis⁷; 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.

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 year¹⁷, and public and private healthcare spending exceeds \$500 million per year on ACL reparations¹⁸. 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

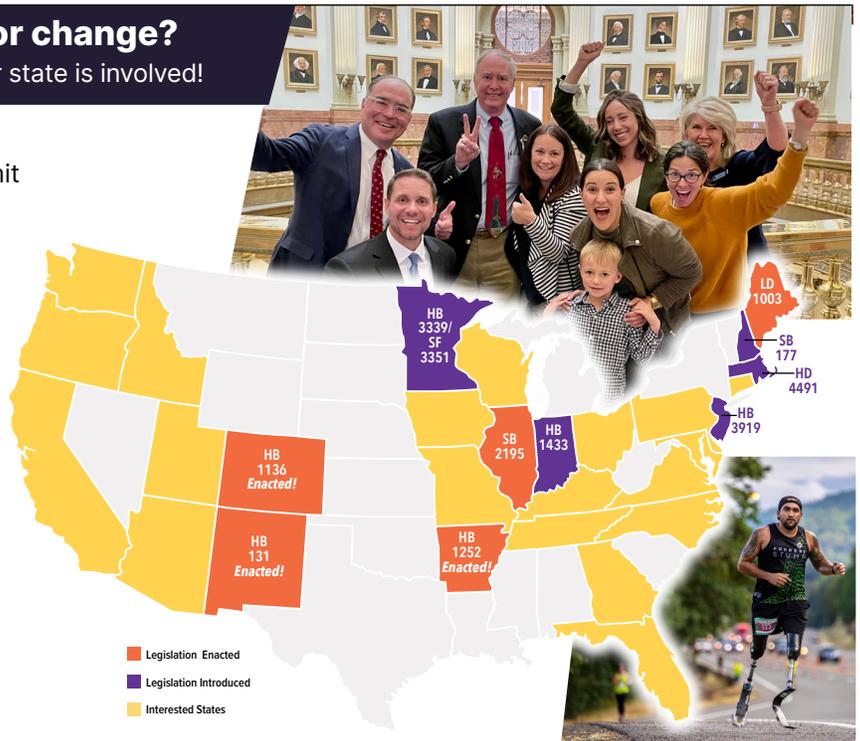
This is now law! Work with our team to submit claims for orthotic and prosthetic care for physical activity.

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

SO EVERYBODY CAN MOVE

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.

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



The Six Steps To Success

While it may seem daunting to change the laws in your own state, it's important to remember that it can be done one step at a time! To help make the process more manageable, we've broken your advocacy journey down into six steps, each of which is composed of smaller action items that put you closer to the end goal of expanding access to care for people living with limb loss, limb difference, and mobility impairment. Remember, you play a valuable role in the legislative process and you deserve to have your voice heard!



-  **Step 1: Build Your Team**
-  **Step 2: Prepare Your Assets**
-  **Step 3: Start Legislative Process**
-  **Step 4: A: Manage Legislative Process**
- Step 4: B: Expand Your Coalition & Collaborate**
-  **Step 5: Celebrate Your Legislative Victory**
-  **Step 6: Begin Legislation Implementation**

Resource Folder

The Resource Folder is your one-stop shop for all of the documents mentioned at the end of each step in the Toolkit that will assist you in your advocacy efforts. The folder is broken down into subsections representing each step, so you'll be able to know what resources you need, when you need them. **Resources may be found in the [Resource Folder](#).**



STEP 1: Build Your Team



This section will teach you how to build your coalition and core team. A strong coalition and engaged core team are vital to your legislative process.



Your Teams

Core Team

This team is composed of 2-5 individuals that serve as the primary leaders to plan and oversee the different aspects of your legislative process.

Coalition

These individuals and organizations are volunteers who help raise awareness about the legislation, contact legislators to garner support for the bill, and recruit other community members to join the efforts.

Core Team

Your core team is composed of 2-5 individuals that serve as the primary leaders and decision makers for the initiative in your state. They are responsible for managing the legislative process, creating marketing and communications materials, supporting community outreach, and recruiting, leading, and managing the local coalition. The following sections are areas of focus and responsibilities needed to execute your legislative process effectively. These focus areas can be specific roles or responsibilities taken by one or multiple people.

Overall State Lead

- ▶ Serves as primary point of contact with national partners (i.e. AOPA, Amputee Coalition, NAAOP, AAOP)
- ▶ Leads the core team
- ▶ Facilitates meetings
- ▶ Provides project management
- ▶ Handles bank accounts and finances

Core Team Responsibilities

▶ Legislative Affairs

- ▶ Manage relationship with lobbyist (if utilizing a lobbyist)
 - A lobbyist is a professional advocate that works to influence political decisions on behalf of individuals and organizations
- ▶ Manage relationships with legislators
- ▶ Manage the legislative schedule
- ▶ Collaborate with lobbyists/legislators to schedule and organize committee hearings
- ▶ Manage bill drafting and amendments
- ▶ Manage technical assistance
- ▶ Support with stakeholder relationships

▶ Research

- ▶ Create Fiscal & Social Impact Report
- ▶ Assist with technical assistance

▶ Community Outreach

- ▶ Create and execute coalition communications
- ▶ Manage action alerts and advocacy intelligence using National Partner's technology platforms Quorum/Capitol Canary
- ▶ Manage relationships with organizations and individuals a part of the coalition
- ▶ Schedule and vet speakers for hearings
- ▶ Recruit influential organizations and individuals for the sign-on letter

▶ Marketing and Communication

- ▶ Create the following resources:
 - Fact sheet
 - Policy Brief
 - Sign-up / intake forms
 - Microsite
 - Social media marketing
 - Additional marketing materials
- ▶ Manage relationships with media relations



▶ Fundraising

- ▶ Create and host fundraising kick-off
- ▶ Create and manage a fundraising page
- ▶ Create and host legislation celebrations for fundraising and recognition of bill sponsors, your coalition, and stakeholders.
- ▶ Create communication for donor solicitation and stewardship



Coalition

A coalition brings together diverse groups around a common cause, which amplifies their collective voice and impact. The coalition is critical to planning, lobbying, and rallying diverse communities to advocate and support your legislation. The more groups involved, the more influential your advocacy effort will be. For the *So Every BODY Can Move* initiative, we recommend the local coalition be composed of individuals living with limb loss and limb difference, O&P professionals, allied health partners, community leaders, and passionate allies for the limb loss and limb difference community.



Tips for Building a Coalition

- ▶ Utilize the SEBCM state intake form for individuals and organizations to self-identify their interest in getting involved
- ▶ Host a kick-off to raise awareness
- ▶ Spread the word to your personal networks
- ▶ Partner with AOPA and NAAOP to engage O&P members in your area
- ▶ Partner with AAOP to identify clinicians and state chapters
- ▶ Partner with Amputee Coalition to engage individuals who have limb loss and limb difference, including Certified Lead Advocates

Recommended Individuals and Groups for Coalition Recruitment

Patient Advocates

- ▶ Individuals living with limb loss and limb difference. We recommend inviting both adults and children living with limb loss and limb difference, including parents of children, to get involved.

O&P Industry

- ▶ Clinicians
- ▶ Manufacturers
- ▶ Researchers (University)
- ▶ O&P Students and Residents
- ▶ State chapters/associations

Organizations

- ▶ Adaptive Sports
- ▶ Disability Rights Organizations
- ▶ Fitness Companies and Groups

Allied Health (Individuals and Associations)

- ▶ Physical Therapists
- ▶ Occupational Therapist
- ▶ Orthopedic Surgeons
- ▶ Mental Health Clinicians
- ▶ Social Workers

Community Allies

- ▶ Anyone and everyone



Resources

Resources may be found in the [Resource Folder](#).

- ▶ Advocate Intake Form

STEP 2: Prepare Your Assets



In this section, you will take the first steps in building a strong foundation for your legislative process, which includes determining your model legislation, budgeting for potential costs, and creating marketing assets for awareness and legislative purposes.

Model Legislation

Determining your model legislation is important to the overall goal you and your team is trying to achieve in increasing access to activity-specific orthotic and prosthetic coverage in your state. This will be the document you present to prospective legislative sponsors (also known as “champions”) in order to gain their initial support, which will then help guide them in drafting and introducing legislation that fits into your current state laws.

In order to determine which model legislation is best for your state, it is required to work with your national partner contact and consider the questions below:

1 Which type of insurance plans would you like your legislation to cover?

State-level insurance plans can largely be categorized into two “buckets”:

- ▶ **Commercial insurance plans** are offered by private/public companies to the general public. While commercial insurance plans are not administered by the state government, they are still governed by laws and regulations.
- ▶ **Medicaid** is a public health insurance program administered jointly by the state and federal government, which provides healthcare for people with limited income or disabilities. While similar in many ways, each state is different when it comes to the types of care offered under their Medicaid program.

Your first major decision in this process will be to decide which of these two “buckets” you would like to see have expanded coverage, which depends on a number of factors.

In some states, a large portion of the population is covered by Medicaid; in this case, it may be best to try to target this program in order to increase access for as many residents in the state as possible. In other cases, a state's political situation may not be conducive to legislation that increases government spending, or there may not be as large of a population covered by Medicaid; in this case, trying to expand coverage of commercial plans may be the best approach.

It's also important to note that Medicaid coverage can be updated separately through the regulatory process, which does not need the approval of the legislature. National partners will be able to assist you in determining the best strategy to pursue when it comes to making this decision.

2 Does your state have an O&P Insurance Fairness law? (State commercial plans only)

Insurance Fairness laws mandate that commercial insurance plans regulated by the state provide coverage for O&P care. Currently, 21 states in the US have some variation of this legislation on the books; if you'd like to learn more about your own state's Insurance Fairness situation, check out the Amputee Coalition's [What's Happening in Your State?](#) webpage. This resource will help you determine whether or not you're satisfied with what's currently in the statute.

So Every BODY Can Move legislation builds upon Insurance Fairness law to mandate coverage of activity-specific devices. Because of this, your approach to developing model legislation (if you are choosing to expand coverage in state commercial plans) largely depends on the current status of Insurance Fairness in your state:

- ▶ **If your state does not have an Insurance Fairness law**, your model legislation will need to be a combination of Insurance Fairness and *So Every BODY Can Move* components. Depending on the political situation in your state, it may be necessary to first pass Insurance Fairness, and then amend the law separately in a second advocacy effort during subsequent legislative sessions.
- ▶ **If your state does have an Insurance Fairness law**, your model legislation will amend the current law to add a *So Every BODY Can Move* component. In addition, this option provides you with an opportunity to update the language of the current Insurance Fairness law (for example, adding orthotics or including specific coverage and/or reimbursement language).

In either case, national partners and your bill sponsor in the legislature will be able to assist you in fitting the model legislation to current laws in your state (please see "Step 3: Start Legislative Process") for more information).

3 Which devices would you like your legislation to cover?

In a perfect world, every state with both Insurance Fairness and *So Every BODY Can Move* laws on the books would include language covering both orthoses and prostheses for everyday and activity-specific use. However, this position may present difficulties with generating legislative support depending on which devices are included, due to the more widespread utilization of orthoses and the higher total cost associated with including them. If this is the case, it may be necessary to focus on expanding coverage for everyday and/or activity-specific prostheses. Don't worry: **legislative advocacy is an iterative process**. Once you lay the groundwork, there will be opportunities to expand coverage even further in the future!

Once you've answered these questions as a core team, you can begin to develop your own model legislation. To assist in this process, the *So Every BODY Can Move* national partners have created a document in the [Resource Folder](#) that presents example language with the following sections:

Section 1:

- ▶ Implements Insurance Fairness for O&P in state-regulated commercial plans
- ▶ Requires Activity-specific O&P coverage in state-regulated commercial plans

Section 2:

- ▶ Classifies O&P coverage as an Essential Health Benefit under the Affordable Care Act
- ▶ Requires coverage of both "everyday" and activity-specific O&P if deemed medically necessary by the referring physician
- ▶ Implements non-discrimination standards in the provision of activity-specific O&P
- ▶ Exempts O&P from Reasonable Useful Lifetime (RUL) restrictions if medically necessary due to change in patient condition or device wear and tear

Section 3:

- ▶ Requires the state to collect data on utilization of O&P related to the bill

Section 4:

- ▶ Outlines the bill's implementation date

It will be necessary to work with your national partner contact to adjust the model legislation to fit your state's unique needs. Note: The model legislation is built upon a foundation of implementing Insurance Fairness in state commercial plans; states wishing to expand Medicaid device coverage will need to work with both their national partner contact and legislative sponsors to fit desired provisions into the Medicaid statutes, which will vary state to state.

Age Discrimination Information

One aspect of model legislation development that requires its own discussion is the issue of age limits. While it may be tempting to limit device coverage to enrollees under a specified age due to political environment, fiscal considerations, or other factors, doing so may open up legislation to age discrimination concerns if not properly backed up by scientific evidence. **For this reason, the So Every BODY Can Move team strongly suggests that model legislation applies to enrollees of all ages, regardless of insurance plan type and/or devices covered.**

For more information on this issue, please read the legal document in the [Resource Folder](#) of this step.



Budget

When starting your legislative advocacy planning, it's important to consider the potential costs associated with your efforts. The local coalition is responsible for the financial aspects of coalition building and the local legislative process.

The following checklist are items to consider budgeting and fundraising for to execute your local legislative efforts. Not all of these items will be needed for your legislative process or funding because the services could potentially be donated locally.



Example Budget

Personnel

Lobbyist	\$
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Travel and Lodging

Travel to Conferences and Events	\$
----------------------------------	----

Local Advocacy Meetings	\$
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Total Travel and Lodging	\$
--------------------------	----

Communications and Outreach

Social Media Advertising	\$
--------------------------	----

Print and Online Advertising	\$
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Total Communications and Outreach	\$
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Research and Analysis

Actuarial Report	\$
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Other Expenses

Legal Services	\$
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Total Other Expenses	\$
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Total Advocacy and Lobbying Budget	\$
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Fiscal and Social Impact Report

The fiscal and social impact report is an in-depth analysis of the potential increase in insurance premiums, the financial impact on a state, and the long-term cost savings associated with the legislation. A template fiscal and social impact report can be found in the [Resource Folder](#). You and your team will have to work with your national partner contact to complete the report.

Depending on your state's legislative policies, this report may also be required by law to show the financial impact and cost savings. If this is the case, please consult with your sponsor on who must complete the report (this may be the introducing sponsor, or the state government itself).

Fact Sheet

The legislative fact sheet is a concise document providing key information about your bill and why your specific legislative effort exists. The purpose of the fact sheet is to effectively communicate your coalition's position, supporting arguments, and relevant facts to lawmakers and their staff. The fact sheet serves as a persuasive tool, helping your coalition present your case in a clear and compelling manner. A template fact sheet can be found in the [Resource Folder](#). You and your team will have to work with your national partner contact to complete your fact sheet.

Marketing and Communications

Branding and marketing play a key role in your *So Every BODY Can Move* advocacy and lobbying initiative. The goal is to create a strong and compelling identity that effectively communicates your message while empathetically resonating with legislators, policymakers, and the broader community.

Here are some tips on how you might approach this:



Create a compelling narrative

Storytelling can be a powerful tool. The story of this legislative initiative is so much bigger than creating access to assistive devices such as prostheses and orthoses, but about a broken system that doesn't allow individuals with disabilities equitable opportunities to experience the freedom of physical activity as their peers without disabilities. It's important to craft your narrative about the challenges that individuals living with limb loss and limb difference face getting access to appropriate O&P care in your local community, but also highlight their strengths, accomplishments, and the positive impact of advocating for their rights. The stories you tell should be human-centric, highlighting this initiative as a disability rights issue rather than focusing on the devices.



Humanize the policy

Systematic change for insurance fairness and equitable access to physical activity for the limb loss and limb difference community through policy change can often be a dry subject when you just read the piece of legislation. But when the broader community, policymakers, and legislators see faces and hear stories from individuals in their community that this legislation



The language and images you use should not only be inclusive but should actively promote and embody the values of equality, accessibility, and empowerment.

affects, it makes the policy about people, not politics. Reading, seeing, and hearing first-hand stories on how the current system is not working and impacting real people in your community motivates your elected officials to fix the system. When you are building your coalition, creating marketing materials, and planning your lobbying efforts, it's vital to partner with both children and adults in your community living with limb loss and limb difference to share their stories and how this legislation will positively impact their well-being. When you have members of the limb loss and limb difference community as the face of the bill, legislators move from describing the bill by their bill number or formal name to about individuals from their community.

The language and images you use should not only be inclusive but should actively promote and embody the values of equality, accessibility, and empowerment. Avoid stereotypes and always portray people with disabilities in a respectful, positive, and dignified light.

Well-crafted marketing materials motivate individuals to take action and get involved.



Mobilize advocates through clear call-to-actions

Well-crafted marketing materials motivate individuals to take action and get involved. They should include clear call-to-actions such as contacting legislators, signing petitions, attending rallies or events, or sharing information on social media platforms. By providing specific steps and avenues for engagement, marketing materials facilitate grassroots movement and mobilize support for the cause.



Provide consistent messaging and utilize SEBCM brand standards

Marketing materials and a strong brand can facilitate coalition building and partnership efforts by providing consistent messaging and materials for various organizations, groups, or individuals working together toward a common cause. They help align messaging and amplify the collective voice of advocates, making the overall campaign more impactful and influential. Be sure to follow and use SEBCM brand standards throughout your campaign.

Remember, the goal of your brand for the *So Every BODY Can Move* initiative is not just to make your initiative known. It's to inspire action, foster empathy, and ultimately, to effect change for the limb loss and limb difference community in your state. Make sure your brand embodies the change you wish to see in your state.

It's important to remember these tips when you are promoting your efforts through the following communication mediums:

- ▶ Legislative Testimonies
- ▶ Social Media
- ▶ Press/Media
- ▶ Written Communication/ Marketing Materials
- ▶ Photo/Video

Example Templates

Marketing and communication materials play a crucial role in lobbying and advocacy efforts by effectively conveying messages, building awareness, and mobilizing support for your *So Every BODY Can Move* initiative. Here are templates and resources you will have access to:

- ▶ Microsite
- ▶ Intake Form
- ▶ Logos
- ▶ Press Releases



Resources Resources may be found in the [Resource Folder](#).

- ▶ Model Legislation Text
- ▶ Model Legislation Deep Dive
- ▶ Age Discrimination Brief
- ▶ Fiscal & Social Impact Report
- ▶ Fact Sheet Template
- ▶ Advocate Intake Form
- ▶ Logos
- ▶ Brand Guidelines
- ▶ Microsite
- ▶ Press Release Template (Launch)



STEP 3: Start Legislative Process

In this section, you will begin the crucial steps in starting your legislative process by learning how to recruit your bill sponsors, draft your legislation, and determine your legislative timeline. These areas of focus will best prepare you to navigate your state's legislative process effectively.



Bill Sponsors

Recruiting a strong, diverse, and bi-partisan sponsor team is important to the overall success of your bill.

The sponsor(s) should have experience and influence in the legislature and be committed to helping you pass your legislation.

The first step is to determine how many bill sponsors you can have for your legislation. After you determine the number, the next step is to select your lead sponsor(s) and recruit additional sponsors. This is where you need to leverage your core team and coalition to determine if anyone has legislative connections, either directly with potential bill sponsors, or indirectly with legislators that can put you in contact with potential bill sponsors. These connections do not have to be

exceptionally strong — sometimes all it takes is a friend of a friend!

Key attributes of a successful legislative sponsorship team:

- ▶ Sponsors from both political parties
- ▶ Sponsors from both chambers (i.e. House and Senate)
- ▶ Sponsors that serve on one or multiple of the committees your bill may be heard in (e.g Health & Insurance Committee)

Bill Drafting and Filing

Work with your sponsor(s) to draft the legislation using the selected model legislation. Your bill sponsor(s) will be able to guide you through your state's process to draft and file the legislation.

Legislative Timeline

After your bill is drafted and filed, work with your bill sponsors to determine the schedule for your bill's legislative process in the first chamber (i.e. House or Senate). This will consist of determining which committees your bill will be reviewed and voted on before going to the first chamber vote. The number of committees your bill will be reviewed by and voted on varies from state-to-state.



Resources

Resources may be found in the [Resource Folder](#).

- ▶ Model Legislation Text
- ▶ Model Legislation Deep Dive

Step 4: A. Manage Legislative Process



In this section, you will dive into the steps and resources to manage your legislative process. This will include how to manage the legislative timeline, resources for committee hearings, and technical support Q&A.



Manage Legislative Timeline

Your legislation will be introduced in one of the two chambers of the legislature (i.e. House or Senate) and will follow your state's committee hearing process. Once the legislation has been reviewed and voted on by the appropriate committees, it will be voted on by the first chamber. If it passes, it will be sent to the opposite legislative chamber, and you will follow the same process. If the bill passes the second chamber vote, it will be sent to the governor for their signature.

Note: If your bill does not pass a committee or chamber vote, please work with your national partner contact on next steps.

Committee Hearings

Scheduling

Work with your sponsor to schedule a hearing on the legislation in the appropriate committee. This will allow you to present your case and answer questions from committee members. After the hearing is scheduled, attend the hearing and be prepared to present your case, answer questions, and respond to any criticisms or concerns from committee members. The committee may then vote on the bill during the hearing itself or schedule a separate hearing for a vote. This will depend on your state's legislative process. In either case, the committee's vote is the determining factor on whether your bill will continue to move through the legislative process.

Testimonies and Hearing Support

During your committee hearings, it is important to determine how many individuals can testify and the time limit for your speakers. We recommend assembling testimonies from a wide variety of community members impacted by the legislation including: adults and children living with limb loss or limb difference, their family members or parents (if applicable), O&P professionals, allied health partners (i.e. physicians, physical therapist, occupational therapists, psychologists, social workers), and adaptive sports or disability rights partners.

Tips for Your Testimonies

- ▶ Testimonies need to be representative of what your bill will do and who it will impact. For example, if your bill applies to commercial plans, but you have an individual with limb loss testifying who is on Medicaid, you may want to consider a different speaker or have the individual address this upfront in their testimony in a way that still supports the bill.
 - ▷ Prioritize speakers with powerful stories that demonstrate the need for legislation.
- ▶ Speakers with already-existing media coverage allows committee members to become more familiarized with their story and “attach” themselves to it in a positive manner.
- ▶ Whenever possible, try to capture as many perspectives on the issue as possible, both in terms of the diversity of experiences within the limb loss and limb difference community, as well as arguments shared in support of the legislation (i.e. economic case, mental health case, human rights case, etc).
- ▶ If a small number of speakers are allowed at the hearing, people with disabilities, parents, and O&P practitioners will likely be the best choices to speak to the bill.
 - ▷ Although this initiative has been expanded to advocate in support of coverage for all ages, children have been especially powerful in committee hearings, helping to humanize the issue and connect with legislators.
- ▶ Your legislative sponsor is a great resource for determining your hearing strategy. They will have knowledge of the typical number of speakers, time limits, and which stories would be most impactful.

Lobbying Committee Members

In order for your bill to move out of committee and to a chamber vote, it must be voted on and passed by the committee. For this reason, it's important that you lobby committee members effectively in order to help influence them on the issue. You can identify committee members on your state government's website. Then we recommend doing the following:

- ▶ Schedule 1:1 meetings with the committee members
- ▶ Invite your coalition to call the members of the committee asking for their support on your bill
- ▶ Invite your coalition to complete outreach to committee members by using your national partner's technology platforms Quorum/Capitol Canary which provide action alerts and advocacy intelligence



Chamber Votes

If your bill passes its assigned committee(s), it will be referred to its first chamber vote. This is where all the members of that respective chamber will have the opportunity to discuss, debate, and vote on legislation that was vetted during committee hearings.

If the bill passes, it will then be sent to the opposite chamber to go through a similar process. It will be assigned to a committee, reviewed, and possibly amended, and if it passes committee(s), it will be debated and voted on the floor in the second chamber.



Lobbying Legislators

Lobbying is the act of influencing or attempting to influence policymakers, typically legislators or government officials, to shape or impact public policies, laws, regulations, or decisions. In the So Every Body Can Move initiative, the primary objective of lobbying is to persuade lawmakers and government officials to support your state's legislation to create equitable and life-changing access to orthotic and prosthetic care necessary for physical activity for individuals with disabilities.

Ways to Lobby Legislators

- ▶ Host a Disability Rights Day or Limb Loss & Limb Difference Awareness Day
 - ▷ Example: On March 1, 2023, the So Coloradans Can Move initiative (led by the Rocky Mountain Orthotic & Prosthetic Coalition) partnered with numerous disability rights organizations in Colorado to host a Disability Rights Advocacy Day at the Colorado Capitol to advocate for multiple bills, including HB-1136 (insurance coverage for activity-specific prosthetics). During this advocacy day, they invited members of the limb loss and limb difference community, O&P providers, and community partners to meet with their legislators and important House and Senate members to garner support for their bill. They also held a rally in their central rotunda with speakers sharing the importance of their bills. An advocacy day unifies the Limb Loss and Limb Difference Community and shows the importance of the bill you are advocating for to legislators.
- ▶ Schedule in person or virtual meetings
 - ▷ With your personal legislators
 - ▷ With party leadership (majority and minority)
 - ▷ With House and Senate members residing on committees of jurisdiction (e.g. Insurance, Health and Human Services, Finance, etc)
- ▶ Create an action alert campaign
 - ▷ Before the chamber vote takes place, work with your national partner contact to create a campaign using the technology platform Quorum/Capitol Canary. This online campaign page will allow your coalition members to send automated emails directly to their respective district's elected officials, urging them to support your bill.
- ▶ Make phone calls
 - ▷ In addition to the emails, it's important to invite your coalition to call the office of their Representative or Senator (*depending on which chamber vote you are in*) to ask for their support on your bill.

Q&A

Technical Assistance Q&A

The Technical Assistance Q&A provides you legislative assistance to answer frequently asked questions from legislators and stakeholders about the O&P industry, insurance coverage, and the impacts of your legislation. This will be useful for committee hearings and one-on-one meetings with legislators.

Technical Assistance Q&A can be found in the [Resource Folder](#).



Resources *Resources may be found in the [Resource Folder](#).*

- ▶ Example Written Testimonies
- ▶ Example Phone Call and Email Scripts
- ▶ Capitol Canary Resources: Contact advocacy@aopanet.org for support.
- ▶ Example Recorded Testimonies
- ▶ Technical Assistance FAQs

STEP 4: B.

Expand Coalition and Collaborate with Stakeholders

In this section, you will continue expanding your coalition and begin building relationships with strategic partners and influential decision-makers.

In order to effectively advocate for your issue, you will need to identify and build relationships with key decision-makers and partner organizations. This may include media partners, legislators, government officials, and other stakeholders who have the power to influence policy or support your bill's success.

Expand Coalition

After you recruit your core coalition team and legislative sponsors, building a robust and diverse coalition with individuals and partner organizations is important to support awareness and lobbying efforts.

Example Partner Organizations

- ▶ Orthotic and Prosthetic Offices
- ▶ Disability Rights Organizations
- ▶ Adaptive Sports Organizations
- ▶ Hospitals that serve individuals living with limb loss and limb difference
- ▶ Sports associations or organizations with an affinity for physical activity

How To Engage Partner Organizations

- ▶ Host a Lobby and Awareness Day and invite partner organizations to attend
- ▶ Invite partner organizations to join your sign-on letter in support of your bill
- ▶ Invite key members of partner organizations to provide hearing testimony and support during key committees
- ▶ Have partner organizations share communication with their members on how to get involved with your coalition

Collaborate with Stakeholders

One of the best ways to ensure your bill passes is to build relationships with key organizations that will be impacted by your legislation. These include:

- ▶ Office of Insurance
- ▶ Governor's Office — Healthcare Liaison
- ▶ Medicaid Office
- ▶ Private Insurance Lobbyists
- ▶ State departments that support individuals and groups for individuals with a disability

Engage the Media

Involving the media is a great way to garner support for your bill and generate public support. Partnering with your local media stations and publications is the best way to get the story out about why your bill matters and why people should get involved.

Example Media Stories

- ▶ <https://www.kob.com/new-mexico/students-write-letters-to-law-makers-advocating-for-class-mate/>
- ▶ <https://www.denver7.com/news/local-news/colorado-bill-would-require-insurance-companies-to-cover-athletic-prosthetics-for-kids>
- ▶ <https://www.cbsnews.com/colorado/news/olympic-track-ski-er-who-loss-leg-amputation-lobbies-sports-prosthetics-all-coloradans/>
- ▶ <https://www.krqe.com/news/new-mexico/new-mexico-law-makers-hope-to-make-prosthetics-more-accessible/>
- ▶ <https://www.kob.com/new-mexico/bill-calls-for-expanded-coverage-for-prosthetics-patients-in-nm/>



Resources

Resources may be found in the [Resource Folder](#).

- ▶ Press Release Template (Legislative Movement)

- ▶ Sign On-Letter

STEP 5: Celebrate Your Legislative Victory



After your legislation passes, it's important to celebrate all the hard work your coalition and bill sponsors put into ensuring your team's legislative success!

Communication

After the bill passes your state legislature and is signed by the governor, it's important to communicate the bill passing to the following groups:

- ▶ Media
- ▶ Local Coalition
- ▶ O&P Members
- ▶ SEBCM National Partners

Celebration Events

We also recommend organizing the following events to properly thank the key individuals who have been involved in your state's success including your bill sponsors, coalition members, core leaders, donors, and more:

- ▶ Request a ceremonial signing with the governor
- ▶ Host a press conference
- ▶ Host a celebration and fundraiser

We suggest inviting the media to any and all of these events to continue to help get the word out on your legislation being enacted.



Resources

Resources may be found in the [Resource Folder](#).

- ▶ Press Release Template (Celebration)

STEP 6: Begin Legislation Implementation



After your legislation has been passed, a new step in the journey and more exciting work begins!

Jared Polis

We recommend collaborating with your national partner contact to start planning your state's legislative implementation. It is important your coalition remains involved to ensure the law is properly implemented and enforced.

Support Contact Information

Advocacy@AOPAnet.org



**SO EVERYBODY
CAN MOVE**