

House Health Care Committee
Rep. Alyssa Black, *Chair*
Rep. Francis McFaun, *Vice Chair*
Vermont State House
115 State Street
Montpelier, VT 05633-5301
Tel: (802) 828-2228

In Re: H.432 - An act relating to health insurance coverage for prosthetic and orthotic devices

February 3, 2026

Good afternoon, Chairwoman Black, Vice Chairman McFaun, and Members of the Committee,

Thank you for the opportunity to testify today. My name is Maggie Baumer and I'm here to strongly support [H.432, An act relating to health insurance coverage for prosthetic and orthotic devices](#). This legislation matters deeply to me. I am a person with upper extremity limb loss as a result of a traumatic injury, and I wear a prosthetic arm every day. I am also the Leader of Enterprise Patient Advocacy at Hanger Clinic, the nation's largest provider of orthotic and prosthetic clinical care with two facilities in Essex Junction and Rutland. I previously served as the President of the [National Association for the Advancement of Orthotics and Prosthetics](#) (NAAOP), representing the limb loss and limb difference community at the national level. Today, I am here as the Legislative Affairs Lead for the [So Every BODY Can Move](#) initiative, which aims to pass laws in all states that ensure coverage of orthoses and prostheses (O&P) specifically designed for physical activity.

[So Every BODY Can Move](#) is a national effort led by four founding partners including the Amputee Coalition, the American Orthotic & Prosthetic Association (AOPA), the National Association for the Advancement of Orthotics and Prosthetics (NAAOP), and the American Academy of Orthotists and Prosthetists (AAOP). [So Every BODY Can Move](#) was created to address a clear public-health and disability-rights gap: **insurance coverage routinely excludes prosthetic and orthotic devices designed for physical activity**, even when those devices are essential to health, safety, and independence.

[H.432](#) would fix that gap and enable Vermont to join twelve other states, including New Hampshire and Maine, that have passed similar laws since 2023. Twenty-eight (28) bills are scheduled for introduction in 2026, which attests to the widespread support this movement has garnered. Our goal is to enable individuals with limb loss and limb difference to participate in physical activities and to remain healthy and fit by restoring us to full function.

Importantly, pursuant to the Affordable Care Act, orthotic and prosthetic care is considered an Essential Health Benefit (EHB) under the rehabilitative and habilitative benefit category.¹ Therefore, coverage of orthotic and prosthetic devices is already required. However, the issue is that in practice, insurance plans have interpreted that benefit to include only one primary device for daily activities per beneficiary. What most people and insurance plans don't realize is that individuals with limb loss and limb difference often need **more than one device** to safely participate in daily life - whether that's showering, working, or engaging in physical activities like running, biking, or swimming. Too often, secondary devices for showering/bathing or physical activity are denied as "not medically necessary," forcing people to choose

¹ See [Need to Assure Our Patients that Orthotics and Prosthetics Will Be Included in the Essential Health Benefits Package \(aopanet.org\)](#).

between paying thousands of dollars out-of-pocket, risking injury with an inappropriate device, or going without appropriate care. The consequences are real: increased falls, worsening co-morbid conditions, and preventable downstream health costs.

New Hampshire's law has already made a difference. A young boy named Aiden Collyar who testified in support of the bill was finally able to obtain a running prosthesis. I saw him last year at the Bionic 5K in Boston, running alongside his peers. His mother told me he is healthier and happier than ever. These outcomes are not hypothetical - they are happening now. Today, Vermont stands poised to reap the same benefits for its constituents.

According to a 2024 Avalere study², approximately 9,700 Vermonters live with limb loss or limb difference. Vermont already took an important step back in 2007 by passing a prosthetics "Insurance Fairness" or "Parity" law to ensure adequate coverage of daily use prostheses in state-regulated commercial insurance plans and preventing arbitrary caps or restrictions for coverage within these plans for daily use devices. H.432 simply builds on that legacy by ensuring coverage includes both prostheses and orthoses designed for physical activity.

The cost of such coverage is minimal. A recent fiscal impact report estimates that the bill in Vermont would result in premium increases of just \$0.01 to \$0.02 cents PMPM³, while also predicting millions of dollars in cost savings per year based on improved health outcomes through the reduction of costly secondary health conditions including heart disease, diabetes, and obesity,⁴ which collectively cost the U.S. healthcare system \$626 billion each year⁵. Furthermore, knee or hip problems resulting from lack of appropriate prosthetic care can result in healthcare costs ranging from \$80,000 to \$150,000 over the course of a single patient's lifetime⁶. Furthermore, data from New Mexico, where the law has been in place since January 1, 2024, demonstrates that there have been no premium increases for three out of four payers, and a 0.001% increase in premiums for the fourth payer.⁷

I am very fortunate to have access to a secondary prosthesis for physical activity through my employer's elected benefits. As you can see, my device for physical activity is very different from my prosthesis for everyday use. This device enables me to be physically active through engaging in yoga, weightlifting, skiing, kayaking and other activities. I grew up as a competitive swimmer, and the mindset and resilience

² Caruso, Megan, Harrington, Shelby, 2024. *Prevalence of Limb Loss and Limb Difference in the United States: Implications for Public Policy*, Avalere, February 14, 2024: https://advisory.avalerehealth.com/wp-content/uploads/2024/02/Prevalence-of-Limb-Loss-and-Limb-Difference-in-the-United-States_Implications-for-Public-Policy.pdf.

³ Malouf, Shaneis, MS, CO, Cain, Jeff, MD., Cartwright, Sara, MS, 2024. *A Multi-State Analysis of the Fiscal Impact of Commercial Insurance Coverage for General-Use & Activity-Specific Prosthetic & Orthotic Devices in the United States*, European Society of Medicine, March 31, 2024: <https://doi.org/10.18103/mra.v12i3.5104>

⁴ Amputee Coalition, *Help Us Introduce the Insurance Fairness for Amputees Act*: <https://3w568y1pmc7umeynn2o6c1my-wpengine.netdna-ssl.com/wp-content/uploads/2018/04/insurance-fairness-amputees-act.pdf>

⁵ Centers for Disease Control and Prevention, *Health and Economic Costs of Chronic Diseases*, March 23, 2023: <https://www.cdc.gov/chronicdisease/about/costs/index.htm>

⁶ Amputee Coalition, *Help Us Introduce the Insurance Fairness for Amputees Act*: <https://3w568y1pmc7umeynn2o6c1my-wpengine.netdna-ssl.com/wp-content/uploads/2018/04/insurance-fairness-amputees-act.pdf>

⁷ New Mexico ACA Rate Filings, BCBS, Molina, Presbyterian, United Healthcare, 2026.

of an athlete is what got me through my recovery from injury and limb loss. Participating in physical activity provided me with increased confidence, physical and emotional well-being, and a deep connection to a community of peers.

We respectfully request that you take up H.432 to ensure that those Vermonters with disabilities have equal access to engaging in physical activity as their able-bodied counterparts. Thank you for your time and consideration.

Kind Regards,



Maggie Baumer
Leader of Enterprise Patient Advocacy – Hanger Clinic
So Every BODY Can Move – Legislative Affairs Lead
Past President, National Association for the Advancement of Orthotics and Prosthetics



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CAN MOVE
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