

1 Granite Place (South Tower)  
GP Room 229  
Concord, New Hampshire 03301  
House Commerce and Consumer Affairs  
Chairman John Hunt  
Vice Chairman John Potucek

In Re: SB 408 - AN ACT relative to health insurance coverage for prosthetics

April 1, 2026

Good afternoon, Mr. Chairman and Members of the Committee,

Thank you for the opportunity to speak at today's hearing. My name is Maggie Baumer, and just a few weeks ago, I had the privilege of meeting with Governor Ayotte for the signing of the New Hampshire Proclamation honoring April as Limb Loss and Limb Difference Awareness Month. Since today marks the start of that month, it is particularly meaningful to be meeting with you all today in support of [SB 408, AN ACT relative to health insurance coverage for prosthetics](#). I'm a person with upper extremity limb loss and I wear a prosthetic arm on a daily basis. I'm 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 Portsmouth and Somersworth. I'm also a Past President of the [National Association for the Advancement of Orthotics and Prosthetics](#), representing the limb loss and limb difference community at the national level. Today, I'm here as the Legislative Affairs Lead for the national [So Every BODY Can Move](#) initiative.

SB 408 would require coverage of activity specific prostheses for adults, which recently became available to children in New Hampshire thanks to support and passage of SB 177 in 2024. Both bills are supported by members of the [So Every BODY Can Move](#) (SEBCM) initiative, which is a movement to pass laws in all states that ensure coverage of orthoses and prostheses (O&P) for physical activity. Twelve states have passed similar laws since 2023 including Arkansas, Colorado, Georgia, Illinois, Maine, Maryland, Minnesota, New Hampshire (for those under 19), New Jersey, New Mexico, Oregon and Washington. Twenty-four (24) bills are scheduled for introduction in 2026, which attests to the widespread support this movement has garnered.

The goal of So Every BODY Can Move is to enable individuals with limb loss and limb difference to participate in physical activities to remain healthy and fit by restoring their full function. Orthotic and prosthetic care is considered an Essential Health Benefit (EHB) under the habilitative and rehabilitative category of the Affordable Care Act,<sup>1</sup> which requires individual and small group plans to cover these devices. The issue is that insurance plans have historically interpreted this benefit narrowly to only apply to one type of device for daily activities like ambulation and not to additional types of prostheses needed to perform physical activities. However, activity-specific prostheses and orthoses are simply a subset of the existing coverage — not a new class of benefits. The practice of not covering this subset of prostheses is discriminatory against people with the disability of limb loss or limb difference and does not honor the intent of the habilitative and rehabilitative benefit. This bill is not a true mandate but rather a clarification of coverage since these devices should already be covered as part of EHB. The SEBCM initiative aims to pass 50 state laws and a federal law(s) to ensure adequate coverage for all

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<sup>1</sup> Congressional Record, H1882 (March 21, 2010)]; *See* also a similar statement by Congressman Pascrell, Co-chair of the Congressional Brain Injury Task Force [Congressional Record, E462 (March 23, 2010)].

people with limb loss or limb difference. Currently, the VA<sup>2</sup> and some workers comp plans cover prostheses for physical activity because they recognize the wholistic rehabilitation these devices enable.

As far as guardrails, every prosthesis requires a prescription from a physician, along with medical notes that explain the need for the device to enable the person to engage in physical activity. The prosthetist then includes the reason for the specific model of prosthesis being provided and why that model is the most clinically appropriate for the person with limb loss or limb difference. All that information is submitted to the insurance plan to obtain prior authorization. Cost sharing continues to apply to the provision of prostheses for physical activity. This bill would not change anything about the process of obtaining a prosthesis. What the bill would do is prevent exclusions of prostheses designed for physical activity by claiming they are de facto “not medically necessary.” Physicians still need to attest to the enrollee’s capacity and desire to use a device for physical activity and how access to activity would improve their medical conditions and health.

In addition to the prior authorization process, the onerous process of obtaining a prescription, medical notes, going through the fabrication process and attending multiple medical appointments ensure that enrollees seek only those devices they truly need. Devices for physical activity are often lightweight and less likely to include highly technical componentry, which can be heavy.

There are nearly 24,000 people living with limb loss or limb difference in New Hampshire, many of whom are missing digits or toes. Most people needing an activity specific prosthesis have an amputation of more than digits, such as below or above the knee and below or above the elbow, and we estimate that roughly 10 to 30% of those people would make use of an additional device for physical activity based both on desire and medical need for increased activity. This bill would apply only to fully insured group plans and state employee plans, so the number of people impacted is small, but the impact to those people in improved physical, mental, and emotional health, as well as participation in the community, is immeasurable.

Back in 2003, New Hampshire passed an orthotics and prosthetics “Insurance Fairness” or “Parity” law to ensure adequate coverage of daily use orthotics and prosthetics in state-regulated commercial insurance plans, preventing any arbitrary caps or restrictions for coverage within these plans. SB 408 will essentially amend the Insurance Fairness law and build upon SB 177 to include prostheses specifically designed for physical activity for those over 18. The cost of such coverage is minimal. A recent fiscal impact report estimates that the NH bill will result in premium increases of just \$0.01 to \$0.05 cents PMPM<sup>3</sup>, 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,<sup>4</sup> which collectively cost the U.S. healthcare system \$819 billion each year<sup>5</sup>. In addition, knee or hip problems resulting from lack of appropriate prosthetic care can result in healthcare costs ranging from \$80,000 to

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<sup>2</sup> See VHA PROSTHETIC CLINICAL MANAGEMENT PROGRAM (PCMP) CLINICAL PRACTICE RECOMMENDATIONS FOR ISSUANCE OF RECREATIONAL AND SPORTS EQUIPMENT

<sup>3</sup> 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 26, 2024: <https://doi.org/10.18103/mra.v12i3.5104>

<sup>4</sup> 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 26, 2024: <https://doi.org/10.18103/mra.v12i3.5104>

<sup>5</sup> Centers for Disease Control and Prevention, *Fast Facts: Health and Economic Costs of Chronic Conditions*, August 8, 2025: [https://www.cdc.gov/chronic-disease/data-research/facts-stats/?CDC\\_AAref\\_Val=https://www.cdc.gov/chronicdisease/about/costs/index.htm](https://www.cdc.gov/chronic-disease/data-research/facts-stats/?CDC_AAref_Val=https://www.cdc.gov/chronicdisease/about/costs/index.htm)

\$150,000 over the course of a single patient's lifetime<sup>6</sup>. 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.<sup>7</sup>

I am personally lucky to have access to a secondary prosthesis for physical activity, which, as you can see, 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. Participating in physical activity has greatly aided my recovery and provided me with increased confidence, as well as physical and emotional well-being after amputation of my forearm and hand. The residents of New Hampshire with limb loss and limb difference deserve the same level of access to such care.

We respectfully request that you report out favorably on SB 408 to ensure that those with disabilities have equal access to engaging in physical activity as their able-bodied counterparts. Thank you.

Kind Regards,



Maggie Baumer

Leader of Enterprise Patient Advocacy – Hanger Clinic

Past President, National Association for the Advancement of Orthotics and Prosthetics

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<sup>6</sup> Kehoe S, Cain J, et al., 2023 A Multi-State Analysis of the Fiscal and Social Impact of Commercial Insurance Coverage for Recreational Prostheses in the United States, Medical Research Archives, [online] 11(5).

<https://doi.org/10.18103/mra.v11i5.3809>

<sup>7</sup> New Mexico ACA Rate Filings, BCBS, Molina, Presbyterian, United Healthcare, 2026.