

FTR



Insurance and Real Estate Committee

March 1, 2011

Testimony of the American Cancer Society

The American Cancer Society supports H.B. No. 6472 An Act Concerning Health Insurance Coverage For Ostomy Supplies.

An ostomy is a surgical procedure that creates an opening (stoma) on the skin that connects an internal organ such as the large or small intestine to the surface of the body. An ostomy is not a disease, but a change in the way your body works to allow stool or urine to pass after a disease or injury.

A temporary ostomy allows a disease or operative site to heal without irritation by the passage of body waste. Temporary ostomies can usually be reversed with little or no loss function of the intestines. A permanent ostomy is necessary when disease, disease treatment, injury or birth defects impair normal function of the bowel or bladder. Cancers such as colorectal or bladder necessitate nearly 80% of ostomy procedures.

A stoma has no valve or shut-off muscle. This means the ostomate will not be able to control of the passage of stool or urine from the stoma, which necessitates an external collection method consisting of an external pouch or bag attached to the body for collection of stoma drainage and then emptied every few days.

In 2000, Connecticut passed legislation requiring that ostomy supplies (including the collection pouches as well as flanges, wafers, barriers or faceplates that fit around the stoma) be a covered benefit of up to \$1000 annually. As the cost of health care in Connecticut and the nation has exponentially increased in the 11 years since passage more and more ostomates are incurring prohibitively higher out of pocket costs for their supplies.

HB 6472 would increase the benefit coverage from \$1000 annually up to \$5000 annually. The American Cancer Society strongly supports legislation that improves the affordability and availability of health care for cancer patients and we urge a Joint Favorable report on this bill.

Thank you.

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