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S.B. No. 376 - An Act Concerning Health Insurance Coverage for Prosthetic Devices

Good afternoon. My name is Dr. Kimberly Eisen and I am a physical therapist at Gaylord Hospital in Wallingford, CT, a world-renowned institution for specialty healthcare and a premiere destination for rehabilitation for people with limb loss. I am here with my fellow advocates to propose to you a change, a necessary change regarding insurance parity for prosthetic devices.

As several of my colleagues have mentioned, Medicare considers prosthetic devices an essential health benefit and covers about 80% of their cost.^{1,2} This is thanks to the Affordable Care Act at the federal level.¹ The same cannot be said at the state level, however. Connecticut's benchmark plan groups prosthetic devices into the category of durable medical equipment which is at the same level as a standard walker or single point cane one can grab at their local cvs.^{1,3} Many state insurance companies do not cover the cost of prosthetic devices to the same extent as Medicare and do not consider them essential. In addition, most do not cover the cost of the C-leg which is a type of prosthesis that allows people to adapt a more natural gait or walking pattern. Let my main point be clear: prosthetic devices are essential not only for the health and quality of life of the individual with limb loss but also for the safeguard of current healthcare costs.

In my experience as a physical therapist, a prosthetic device is not just a piece of medical equipment; it is *literally* an extension of the patient. My patients that have been so lucky as to either have a good insurance plan or who are financially endowed to cover the cost of an appropriate prosthesis and its adjustments, have shown remarkable progress in therapy. Some patients that come

to mind have been able to return to labor intensive jobs which involve climbing ladders or even participate in our annual obstacle course run, the Gaylord Gauntlet. One of my patients was feeling so good one day after receiving an articulating foot (which is simply a foot that attaches to the bottom of the prosthetic device that allows slightly more movement than the most basic model) that he came in and told me his last goal for therapy was to be able to dance with his wife. So, with his new foot we danced hand in hand all the while this patient had a huge smile on his face. A simple component of a prosthetic device did that.

It is not just about covering the cost of one device either. Like Medicare, state insurance needs to cover the cost of the device over the person's lifetime which includes adjustments. In my experience, patients require adjustments in their prosthetic devices or prescription secondary to the healing process, functional progress or normal wear and tear. If prosthetic devices are not adjusted, which, many times is secondary to the cost of a new device or component piece, then the result can be pain, decreased mobility and impaired skin integrity. This, in turn, results in a host of negative sequelae including skin or bone infection, further surgery increased hospital stay and time in rehabilitation all of which lead to increased healthcare costs. The limits placed on state insurance were trying to prevent these extra costs in the first place.

In conclusion, prosthetic devices are expensive, and cost, well an arm and a leg. In unreasonable to expect people with limb loss to pay thousands of dollars out of their own pockets for an essential health benefit. I urge you to consider our arguments and plea to cover the costs prosthetic devices on the same level as that instilled by the Affordable Care Act. Thank you for your time.

References

1. Reger A. Health insurance coverage for prosthetic devices [email]. Office of legislative research eResponse. Written February 16, 2018. Accessed March 6, 2018.
2. Leduc JK. Prosthetic parity bills considered in Connecticut. Office of legislative research. <https://www.cga.ct.gov/2017/rpt/pdf/2017-R-0331.pdf>. Published December 13, 2017. Accessed March 6, 2018.
3. The Center for Consumer Information & Insurance Oversight. Information on essential health benefits (EHB) benchmark plans. CMS.gov Centers for Medicare and Medicaid services. <https://www.cms.gov/CCIIO/Resources/Data-Resources/ehb.html>. Accessed March 6, 2018.