



RE: SB376: An Act Concerning Insurance Healthcare Coverage of Prosthetic Devices

1. My name is Herb Kolodny. I have been a resident of Hamden for 40 years. And I am a right leg above knee amputee for almost 5 years now. I lost my leg to cancer.
2. I am speaking to you today as a representative of Connecticut Amputee Network, CAN. We speak for Connecticut's approximately 20,000 residents that are living with limb loss.
3. We are asking for your help in passing legislation that will give us insurance fairness with respect to coverage for prosthetic arms and legs.
4. Currently, 20 other States have Insurance Fairness laws, including the remaining New England States.
5. Allow me to interject, at this point, my appreciation to ConnectiCare for many of my medical issues they did address without question: My cancer, which was first diagnosed in 2006, and my heart issues, which began in 2000. Frankly, it defies common sense that the level of coverage following an amputation would be so different. Aren't prosthetics an essential health benefit, too?
6. When I had my amputation in 2013, I was 65 and I was already covered by Medicare. I did not know at the time how lucky I was. ConnectiCare would have treated the custom prosthetic limb as durable medical equipment. And it was not likely they would have approved of the microprocessor knee (MPK) either.
7. The MPK made all the difference in my recovery. Translating that to real dollars, I was able to return to work within three months as a computer tech; began crawling under desks and chairs, pulling cables and connecting PCs to networks. More importantly, I quickly returned to the role of Taxpayer and Insurance premium Payer.
8. Medicare has become the de facto 'gold standard' with regard to prosthetic care. Frankly, that defies common sense. However, the Dobson DeVanzo study, which was completed in 2013, studied the economic value of Orthotics and Prosthetics for people who suffered loss of one or both of their legs. Real Medicare data was used in this study. **"The conclusion was that the cumulative Medicare costs over an 18 month period following receipt of a device were less than the population that did not receive any. The researchers concluded that Medicare could experience a 10 percent savings for those receiving prosthetic devices"**.
9. This is the new data and it calculates real costs to the payer. If one focuses only on the original cost of the leg, it looks expensive. But if you consider total patient costs, a custom prosthetic leg provides clear economic value to all parties.
10. In conclusion, Medicare and the Dobson DaVanzo study show that the numbers really add up. Please help us make private insurance coverage at least equal to Medicare coverage.