

March 8, 2018

Presentation to the CT Assembly Committee on Insurance and Real Estate

## Public Hearing: SB 376 An Act Concerning Health Insurance Coverage for Prosthetic Devices

Good afternoon everyone and thank you for giving me this opportunity.

My name is Brenda Novak: I am a resident of Branford, a co-founder of Connecticut Amputee Network, and an amputee. I'm here today not just for myself, but also to represent Connecticut amputees who were not able to attend, to speak in support of fairness in health insurance coverage for people with limb loss or limb difference. I ask that you support SB 376.

Already, as Herb, my partner and co-founder of CAN, so wonderfully explained, arms and legs are not luxuries. People with limb loss should have the right to be made "whole" again, whether they have lost an arm or leg, foot or hand, from disease or trauma, and be eligible for the prosthesis that best suits their needs without being subject to special exclusions or expensive coinsurance.

Nine years ago, I lost my left leg due to severe trauma. In December 2008, I was a consultant on a development project in west Africa. While visiting a remote village, a structure collapsed on my colleague and me. I was crushed under the debris, sustained multiple traumatic injuries, and ultimately landed in the ICU at Yale New Haven Hospital.

In 2009 I received the microprocessor-controlled C-Leg, which helped me to get up and walking. Because of the complexity of my residual limb (it is 99% grafted skin), there were complicated technical challenges and frequent changes to my prosthesis. Over the course of five years, I had about three dozen sockets made with three different knees.

In 2015, when my 6-year old C-Leg needed to be replaced, I learned that microprocessor devices such as the C-Leg were not covered and the coinsurance, after fulfilling my deductible, was 30%. So my insurance paid for 70% of the socket, foot, and connecting parts—but not the C-Leg itself. My out-of-pocket expense for that leg was \$21,000. I'm lucky that I was able to pay for that. But most people can't. Sure, there are other legs that are not as expensive. But even so, 30% of \$20k or \$10k is daunting for most Connecticut residents.

Falling is a major risk for amputees and can result in injury or death. A study in 2017 by the RAND Corporation demonstrated the effectiveness of microprocessor knees in reducing the number of falls and deaths, as well as lowering direct health care costs and indirect costs (such as lost wages and caregiver expenses). Additionally, patients experience improved physical function, reduction in osteoarthritis, and improved quality of life.

Now insurers may argue that this is just one more mandate by the state. But the benefit for Connecticut is clear: the truth is that this is a true win-win-win situation: SB 376 offers lower overall costs, including Medicare savings, and better health outcomes, allowing people to remain active, enjoy life and return to productive work.

I hope this helps you to understand the complexities of health insurance coverage for amputees and helps you to see why this change is needed. I urge you to support introduction of this legislation to the General Assembly in the current session. Limbs are not luxuries!

Thank you.

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