

March 11, 2018

Reference: **SB376**

Committee on Insurance and Real Estate

**Testimony in support of Raised Bill 376, An Act Concerning Health Insurance Coverage of Prosthetic Devices**

Dear Chairperson Kelly, Chairperson Larson, Chairperson Scanlon and members of the Committee:

My name is Andrea Oberlander and I am a registered Physical Therapist in the state of Connecticut with over fifteen years of experience in the field of rehabilitation. I am in support of the proposal to introduce legislation supporting health insurance parity for prosthetics (reference SB376).

I have had the opportunity to work with many patients who have had amputations and require prostheses to participate in everyday activities and perform activities of daily living. The technology of upper and lower extremity prostheses has advanced significantly in the last ten years. A prosthesis is a complex engineered device which provide function in those affected by limb loss. It is a individualized and custom made extension of a person's amputated limb, establishing the foundation for functional mobility and the ability to live an active, independent lifestyle and contribute to society.

Unfortunately, prostheses and prosthetic components have been labeled as durable medical equipment by insurance companies; a definition which vastly undermines the sophistication and medical necessity of these devices. Because of this, a large portion of the financial burden is unjustly shifted to the person to cover the cost of this life-maximizing prosthetic in order to resume essential daily activities.

Prostheses are medical interventions prescribed and custom fit to each individual. These interventions require a multidisciplinary approach of health care providers (e.g. board certified prosthetists; physicians; physical therapists), each providing their expertise, to ensure comprehensive medical care and optimization of the individual's function. Prescription of a prosthesis for the appropriate candidate is imperative in combatting potential secondary conditions that may arise (e.g. deconditioning/cardiopulmonary compromise; altered gait mechanics leading to compensatory strategies that may strain other body parts). However, it must be the optimal prosthetic design with a proper fit to maximize the patient's function and prevent complications, particularly vascular compromise and risk of subsequent amputations. Regardless of prosthetic pricing, no person affected with limb loss can afford the consequence of an ill fitting prosthesis. It is imperative that each of these individuals have access to the appropriate prosthetic interventions with the full support of their insurance company.

Last, the Affordable Care Act defines and supports recovery of function to the highest possible level. Therefore, appropriate funding of prostheses, including the use of microprocessors where appropriate, falls under the mandated coverages of the Affordable Care Act.

Thank you for choosing to raise this bill for health insurance parity for prosthetics (reference SB376).

Regards,  
Andrea Oberlander, PT, MPT