

Sample Testimony, Advocate

Good morning, Chairman/woman and members of the committee. My name is [NAME] and I live in [CITY]. I am here to testify in support of [BILL #].

Nearly 1.7 million Americans are living with limb loss or limb deficiency as a result of disease, trauma or birth defect. As the emerging public health crisis of diabetes continues to escalate, so will the number of amputations.

In return for premiums paid for group health insurance, consumers expect to be covered for catastrophic illness or injury. Sadly, without legislation to ensure coverage, many people living with the loss or absence of a limb face discouraging obstacles when trying to obtain prosthetic care. Current changes in insurance plans are having a devastating effect on amputees and their families.

For example, companies will pay the surgical cost of amputating a limb, and for subsequent amputations caused by inactivity, while simultaneously limiting or even eliminating prosthetic coverage. Other payers impose such unrealistic annual and lifetime caps on prosthetic coverage that people with limb loss are unable to obtain prostheses.

When people discover that prosthetic care is not covered, they are forced to use retirement or children's college savings to buy a prosthesis to keep working. Some take out home mortgages, bank loans, or even use high interest credit cards to get the prosthesis they need.

Obviously, the biggest concern anybody has about passing a new mandate is cost. People fear that big jumps in the cost of insurance will reduce access to healthcare. None of us want to see health insurance costs pushed beyond the reach of the average consumer. In actuality, the public sector would see savings because appropriate private insurance coverage prevents shifting costs to the public sector. Our best financial data to support this comes from Colorado. They were the first state to pass prosthetic parity legislation in 1998.

Prior to passage, financial data was compiled. They found that the maximum increase in premiums would be about 12 cents per member per month. This cost estimate did not take into account that there would also be a cost savings by both the private and public sector. In fact, in the first year of implementation, a Department of Health Care Policy and Financing report found that covering prosthetics and orthotics for Medicaid recipients resulted in a net savings of almost half a million dollars. These savings were for medical expenses only. They did not include the additional savings from patients who returned to work and subsequently left Medicaid and resumed paying taxes.

Several other states have conducted studies. Both Massachusetts and California produced analysis mirroring Colorado's. They found that the cost of providing prosthetic care was nominal in relation to the impact on the lives of people with limb loss and the savings in long-term medical costs. Both of these states passed a bill in 2006.

For more information or to get involved, contact the Advocacy Department at 202/742-1885 or apll@amputee-coalition.org



The provision of prostheses results in a variety of benefits, some of which are fiscal in nature, while others are more related to quality of life issues, which are less measurable. Nonfiscal benefits include a reduction in the secondary conditions caused by a sedentary lifestyle, less dependence on caregivers, and lowered risk of diabetes-related complications leading to additional limb amputation. In addition, this segment of the population can continue to be contributing members of society instead of becoming dependent on it.

Both the financial and social benefits provide a strong case for prosthetic coverage. I urge you to support SSB 1281. Thank you.

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