



Prosthetic Coverage is Good Medicine for Working Families



Both the financial and social benefits provide a strong case for prosthetic coverage.

Who currently provides coverage for prosthetic devices?

Automobile insurance, Workmen's Compensation insurance, Medicare, Medicaid and some private insurance policies cover prosthetics.

The problem is that a growing number of group and private insurance companies cap the benefit so low that the average working family can't afford a prosthesis. Other insurance companies are creating lifetime caps or eliminating coverage completely.

How will the bill change the law?

This bill requires private and third-party paying health insurance companies to provide coverage for the repair and replacement of prosthetic devices and components.

What will this bill do?

- It will make certain that insured, working people can continue supporting their families.
- It will ensure that the tragedy of children living without a limb is not compounded by forcing them to spend the rest of their childhood in a wheelchair when help is readily available.

What will it cost the average, privately insured individual?

A report by the Colorado Department of Health Policy and Financing found that the cost of providing prosthetic services would be about 12 cents per person per month.

A recent report put out by the California Health Benefits Review Program determined the cost to be 15 to 25 cents per member per month.

Both reports agreed that providing prosthetic services reduces the economic loss associated with the diseases and conditions that require the use of a prosthesis.

What does a family do when a family member is recovering from the loss of an arm or a leg and they are told that their insurance will not cover the cost of a prosthesis?

In return for premiums paid for group health insurance, consumers expect to be covered for catastrophic illness or injury. When they don't have adequate coverage, families often go into serious debt. They mortgage homes, get bank loans, use college and retirement savings or cost-shift to the state to get a prosthesis from Medicaid.

Is it true that providing prosthetics can actually save the state money?

YES! The public sector will see cost savings because appropriate private insurance coverage prevents cost shifting to the public sector. Cost savings can also be expected in unemployment insurance, state employment and training programs, rehabilitation and counseling programs and other social welfare systems. It is estimated that every dollar spent on rehabilitation, including prosthetic care, saves more than \$11 in disability benefits.

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 that can lead to additional amputation. In addition, this segment of the population can continue to be contributing members of society instead of becoming dependent on it.



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