

ARMS AND LEGS ARE NOT A LUXURY

Purpose:

To continue providing the limb loss community with access to prosthetic and orthotic care through the California state Medi-Cal Program. While the state is currently facing difficult financial times, it's important to take into account the information available that shows that by providing coverage for prosthetics and orthotics in the state Medi-Cal Program, the state actually saves money in the long run due to a reduction in secondary complications.

Need for amendment:

- There are an estimated 181,113 people with amputations in California per CDC estimates of 4.9 amputees per 1,000 persons
- In 2006, there were 14,845 amputations performed in California, and every year it's estimated that 185,000 amputations are performed in the United States
- There are an estimated 3,030,857 people living with diabetes in California, which is the leading cause for amputation

Cost of providing coverage:

Studies have been commissioned in several states and they have shown that by providing this important coverage states save money. For example, Colorado commissioned a study specifically linked to the savings they've seen by requiring their Medicaid program to cover prosthetics and orthotics.

- Colorado Department of Health Care Policy and Financing Medical Policy and Benefits, Prosthetic and Orthotic Adult Benefit Report – found that, “Savings in overall medical costs experienced by clients utilizing the new adult prosthetic and orthotic benefit were identified.”
- The Colorado report also found that “...there were gross savings in the amount of \$357,361. However, discounting the expenditures for the new adult benefit services, there was a net savings realized of \$195,482, or \$1,177.60 per client.”
- Department of Health Policy & Planning Report, Colorado found that, “the maximum increase in premiums would be about 12 cents PMPM. This cost estimate did not take into account that there would be a cost savings by both the private and the public sector.”
- The Evaluation of Senate Bill 931, JLARC of Virginia's General Assembly found that “amputees who have access to prosthetic devices show a reduction in the secondary conditions caused by increased sedentary lifestyle, have decreased dependence on caretakers, and a reduced chance of additional medical complications leading to further amputations.”
- JLARC also found that “mandating coverage under SB 931 is not expected to increase the number of individuals seeking care through Virginia's Medicaid program, and has the potential to reduce the number of individuals that may seek Medicaid coverage.” And that, “the proposed mandate is not expected to have a significant impact on overall healthcare costs in Virginia and may reduce total overall costs.”

Eighteen states have already passed legislation and there is bipartisan support in Congress for fair access legislation for people with limb loss with H.R. 2575, the Prosthetic and Custom Orthotic Parity Act.

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Savings:

In addition to the cost studies, Colorado commissioned a study of their Medicaid program and found that by providing prosthetic care they were able to provide the state with ***an average annual savings of \$450,000!***

- The incidence of diabetes-related complications is increasing. Medications for these conditions can cost up to \$100 per month. If someone becomes an amputee at age 55 and lives to be 77, that's \$254,000.
- If someone suffers a heart attack due to peripheral vascular disease, surgical treatment and hospitalization can cost from \$75,000 to \$200,000, depending on procedures used and the patient's lifespan.
- If a person develops knee or hip problems from being unable to walk correctly, resulting costs can range from \$80,000 to \$150,000 or more over a lifetime, depending on the care that is needed.
- Crutch overuse can cause wrist, elbow and shoulder problems. The cost for a simple carpal tunnel wrist surgery averages about \$7,500; elbow surgery averages \$16,000, and shoulder surgery averages \$25,000.
- For every dollar spent on rehabilitation, including orthotic and prosthetic care, there is a savings of more than \$11 in disability benefits.

All of these provisions are covered by state programs like Medicare and Medicaid. By providing for adequate prosthetic care that is currently the standard, many of these risks and costs have been drastically reduced or eliminated completely.

Access:

Many benefits to providing this type of care are harder to quantify, including:

- Increased quality of life
- Decreased depression, pain, and disability
- Less dependence on caregivers
- Ability to walk with and hold family members again

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