Virginia House Testimony

The American Orthotic & Prosthetic Association (AOPA), founded in 1917, is the largest national orthotic and prosthetic trade association with a national membership that draws from all segments of the field of artificial limbs and customized bracing for the benefit of patients who have experienced limb loss, or limb impairment resulting from a chronic disease or health condition. Members includes patient care facilities, educational and research institutions, and manufacturers and distributors of prostheses, orthoses and related products.

I'm here to offer testimony in support of HB 503. As you consider this legislation, and engage in discussions about cost and value, we ask that you keep in mind that the care associated with the delivery of these highly, customized devices is included in one global payment. Whether a patient sees a prosthetist 5 or 20 times during the course of casting, fitting, alignment, adjustment, training, delivery and follow up, the reimbursement remains the same. Prosthetists do not bill CPT codes and there are no copays for visits.

State studies, including those conducted in California, Colorado and Maine, show that the addition of prosthetic coverage has a minimal impact on individual premiums but a tremendous impact on patients in need of prosthetic care. Many of the states with Insurance Fairness laws include coverage of prostheses with microprocessor and myoelectric technology.

We often hear analogies used that compare prosthetic devices to automobiles. "Why should everyone get a Jaguar when a Chevy is a perfectly good car." Despite the fact that this comparison is absurd and in poor taste, **replacement limbs are never a luxury**, if this was the auto industry, this technology would have long been mandated as a safety feature, like seatbelts and airbags.

RAND Corporation published a report titled "Economic Value of Advanced Transfemoral Prosthetics" in which it confirms that microprocessor-controlled knees are associated with substantial improvement in physical function and reductions in incidences of falls and osteoarthritis compared to non-MPKs. For additional study information, please visit www.mobilitysaves.org.

We recognize that the term “advanced” used to describe myoelectric and microprocessor technology is misleading in that implies “innovative” or “top-of-the-line”, but we are talking about 25-year-old technology that has long been accepted as the standard of care by the field. And like most medical interventions, just because it is the standard of care does not mean it is medical necessary for all patients. Not all patients need or want microprocessor or myoelectric technology, and we are not suggesting that any device should be provided to a patient without appropriately documented medical necessity.

The existing Insurance Fairness law has made it possible for Virginians living with limb loss and limb difference to receive care that would have otherwise been arbitrarily denied or capped, but it does not extend this guarantee of coverage to the most vulnerable individuals in our community. It also fails to secure access for patients to the most medically appropriate prosthetic devices for the restoration of mobility. Passage of this Bill will rectify these shortcomings.