



NEW YORK STATE SENATOR

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From the Desk of Senator Jack M. Martins

JACK M. MARTINS March 27, 2015

| ISSUE: **HEALTH CARE**

One Limb For Life

I often marvel at the resiliency of the human spirit. More often than not it's reflected in a person's grace in dealing with adversity, accepting that which cannot be changed, and persevering despite the challenge. This resiliency is vibrantly displayed in those who, through a condition at birth or misfortune later in life, rely on prosthetics to go about what we would otherwise consider routine. For them, access to a prosthetic limb is their link to the pursuit of a normal, everyday life and modern healthcare has come a long way in that regard. That's why what I'm about to share is so implausible, so unreasonable, that you'll undoubtedly be as offended as I was to hear it.

Under New York's Affordable Care Act Insurance – that hundreds of thousands New Yorkers have already signed up for on the New York State Exchange Marketplace – amputees are entitled to just one prosthetic limb for their entire lives. To be clear: our state's health insurers, the same companies that are making millions of dollars here, will cover just one prosthetic device per limb per lifetime, without any repairs or replacements. While children are exempt from this policy, adults are entirely out of luck. So what's the logic behind this policy? They say it costs too much. (Welcome to the new model of healthcare.)

Please consider for a moment the sheer lack of common sense of this policy. Any healthcare provider can tell you that providing an amputee with a prosthetic limb is far from a one shot deal. In fact, it takes quite a bit of retooling and tweaking to properly fit an amputee. In many cases, a patient's initial prosthetic will be so painful as to severely limit their mobility. Normally, these patients will try refitting it or in some cases try an entirely new limb of alternative design or more appropriate materials. Then take into account that as we age, our bodies obviously change and may require a new device. Or consider that technology is always improving and can offer patients greater mobility and comfort from time to time. Would we expect the amputees of the past with simple hooks or wooden legs to be forced to keep them when so many wonderful advances have been made since? And here's the kicker: if a prosthetic breaks (which does happen) or wears out, these insurance companies refuse a replacement!

These companies openly disregard the precedent set by Medicaid, Medicare and the Veterans Administration that all cover repairs and replacements. And while I'm certainly thankful for their child exemption, even that figures to have been financially motivated. The reality is that a full 91% of amputations in New York State are performed on people 45 years or older. So the concession, while properly accounting for a child's growth and changing needs, doesn't impact their company's bottom line.

I can't help but wonder how we got here and precisely what happened to caring for the whole person along the way? While I understand better than most people that financial realities have to be dealt with realistically, I find it hard to accept that billion dollar companies that are reaping the benefits of millions of new clients can see their way around such unfair policies. Let's face it. These decisions are not being made by care-givers or healthcare professionals with real world experience, but rather by number crunchers whose only job is to find areas that can provide savings without raising too many eyebrows or

incurring the wrath of special interest groups.

And that's what worries me most. While I certainly want as many people to have healthcare as possible, is this Affordable Care Act already beholden to the bean counters? What's next? Will the powers that be tell cardiac patients that they're entitled to one pacemaker and no more? Will they tell stroke victims that they've already used their one round of recuperative therapy? It's a slippery slope and one I think we have to get a handle on right now, at the beginning, before it shows up elsewhere.

I think it's safe to say that the approximately 3,000 amputees in New York State each year are some of our most vulnerable neighbors. I thought the whole purpose of insurance companies was to socialize the cost, spreading it out among the many healthy, so as to guarantee that the vulnerable receive the best care possible – not a cost-effective fraction of it. That's why I'll be co-sponsoring a bill in the State Senate that requires these Affordable Care Act insurance companies in New York to provide prosthetic devices equal to or above Medicare's standard of coverage.

I hope you'll join me in this effort to make sure we set things right. Please take a moment to visit www.onelimbforlife.com and sign the online petition and together we'll make sure that common sense and common decency still have a place in New York.