



State Senator

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District 14



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Legislation Would Help Missourians With Prosthetic Devices

Thanks to new surgical techniques, vast improvements in making prosthetics, and creative engineering ideas, more and more Missourians are able to live active lives with the assistance of prosthetics. It only seems fitting that our state should help those living with prosthetics by requiring health insurance companies to provide coverage of these devices.

My legislation, [Senate Bill 320](#), would require health carriers by January 1, 2010, to provide coverage for certain prosthetic devices and related services as well as the supplies needed to meet minimum standards under the [federal Medicare Program](#). The bill defines a “prosthetic device” as an artificial limb, device, or appliance designed to replace in whole or in part an arm, leg, or eye.

Under Senate Bill 320:

- A health insurance company may require the customer to obtain prior authorization for any prosthetic device.
- The health insurance company may impose co-payments and co-insurance requirements in accordance with Part B of the federal Medicare-Fee-For-Service Program.
- The health benefit plan must reimburse the insured customer for the devices at no less than the fee scheduled amount under the federal Medicare reimbursement schedule.
- And the coverage would include repair services and replacement of prosthetics needed to restore or maintain the daily living or essential job-related activities.

According to the Missouri Coalition for People with Limb Loss (MCPLL) — an organization established in 2007 that advocates, networks, and provides education for Missourians who have experienced limb loss — approximately 2 million people in the United States currently live with limb loss, with about 29,000 individuals living in Missouri.

With the average cost of a prosthesis ranging from \$8,000 to \$20,000, it is important for our state's growing patient population needing prosthetic devices to be covered by their insurance in these instances.

Other states have considered passing similar legislation. Colorado became the first state to pass legislation in 2000 and since then, eight other states now have similar laws. The Colorado Department of Health Policy and Financing found that the cost of providing prosthetic coverage would be 12 cents per member per month. And the California Health Benefits Review Program estimated the cost of their program to be about 16 cents per member per month.

Our state has a growing patient population needing prosthetics services and it is important for those services to be covered by their insurance companies. The day a person receives a prosthetic device can represent the beginning of getting back to some sort of normalcy. However, the events that unfold before obtaining these devices can be traumatic and result in extensive medical, emotional, and rehabilitative needs. These individuals do not need the added burden of having to pay for these devices out of pocket. Even though prosthetic devices do not fully provide the same function as an arm or a leg, these devices can allow amputees to a life that is more enjoyable and productive.

The [Senate Health, Mental Health, Seniors and Families Committee](#) heard testimony on Senate Bill 320 earlier this week. Passage of this bill out of committee would send the measure to the Senate floor for full debate. If you have comments or questions about this week's column or any other matter involving state government, please feel free to contact my office at (573) 751-4106.

*Senator Rita Heard Days represents a portion of
St. Louis County in the Missouri Senate.*



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