

AMPUTEE COALITION/AOPA
EDITORIAL BOARD/OP-ED PAGE EDITOR BRIEFING

**MEDICARE SHOULD NOT “TURN THE CLOCK BACK” ON
STANDARD OF CARE FOR TWO MILLION AMERICAN AMPUTEES**

OVERVIEW

An estimated two million American amputees would see significantly reduced access to care under a rule proposal now pending before Medicare, according to a warning issued this week by the Amputee Coalition and the American Orthotic & Prosthetic Association (AOPA). The draft Medicare rule would “turn back the clock” to a time in America when the type of prosthetics available were less functional and provided less mobility. The proposed changes in coverage for services provided not only would have a devastating impact on Medicare amputee beneficiaries, but on all of the two million amputees in the U.S., since commercial health insurance payers and the Veteran’s Administration tend to follow the lead of Medicare on coverage matters.

WHO WOULD BE HARMED?

- *A double amputee who has worn advanced prosthetic devices for decades no longer would be eligible for new prostheses because he never achieved a perfect “natural gait.”*
- *A 68-year-old minister of a church, who had her left leg amputated above the knee as a result of diabetes, would be denied an advanced prosthetic limb because Medicare once paid for a set of crutches that she used when she got up to use the bathroom during the night.*
- *A 65-year old Vietnam War veteran, who suffered an injury from an explosion at Khe Sahn in 1972 and had his right leg amputated above the knee, switched from Veterans Administration (VA) health care to Medicare, and would not get his ninth prosthesis because he occasionally used a wheelchair during business travel.*
- *A retired mechanic, who suffered a sepsis infection that resulted in the amputation of his right leg below the knee, would be denied a prosthetic device by Medicare because he takes a common medication for the treatment of hypertension.*

WHAT ARE THE CHIEF CONCERNS?

Among the main worries about the proposed Medicare policy restricting care for amputees are the following:

- If you are an amputee using – or who has used in the past -- an assistive device such as a cane, crutch or walker, you will be limited to less functional prosthetic devices – even if you only use the assistive device briefly or for limited purposes, such as getting out of bed at night to go to the bathroom.
- You could be provided a less functional prosthesis or denied a device altogether just because you may not be able to attain the “appearance of a natural gait.” However, as this [first of two videos](#) shows, it is not uncommon for individuals in the initial post-operative and rehab periods to have great difficulty. As [this second video](#) shows, the same individual may improve far beyond how he or she is assessed initially. However, no such improvement would be possible if a prosthetic device is denied by Medicare based on an unduly negative front-end assessment. In other cases, patients who never achieve a truly “natural gait” can and do rely up prosthetics to live a full life.

- If your medical record references certain health issues, including such common conditions as high blood pressure and asthma, Medicare could deny you access to the best available care. With no sound scientific basis, this arbitrary provision would unfairly and needlessly knock hundreds of thousands of amputees out of consideration for the most appropriate prosthetic device for their needs.
- The Medicare proposal redefines the rehabilitation process for amputees and forces new amputees to undergo rehab using out-of-date technology that they will not even use once they receive their permanent prosthetic device. This means that the rehab for amputees will be of less value than if it was carried out with the most appropriate prosthetic device for their needs, as is common practice today.

WHAT IS BEING SAID ABOUT THE RULE?

Hon. Bob Kerrey, former U.S. Senator from Nebraska: **“Today, Medicare officials have before them a draft rule that would increase the suffering of hundreds of thousands of men and women who are working hard to make their way in the world as amputees. It is not an exaggeration to say that research into advanced prosthetics will not only cease but the standard of care will regress back to the good old days in 1969 when I was first fit with a wooden leg.”**

Adrienne Haslet-Davis, Boston Marathon survivor and professional ballroom dancer: **“My life changed completely in 3 seconds at the finish line of the Boston Marathon, and I am very fortunate to have had access to the advanced prosthetics that have allowed me to return to dancing and a largely normal life. Medicare beneficiaries deserve the same chance those high-quality prosthetics have given me.”**

Dan Berschinski, chairman of the board of directors, Amputee Coalition: **“This proposal represents a significant setback for amputees in the United States. It would mean that hundreds of thousands of Americans who now are active parents, grandparents, employees, and community volunteers would not be able to receive the most appropriate device for their needs at the most appropriate time.”**

Charlie Dankmeyer, president, American Orthotic & Prosthetic Association: **“It is very difficult to imagine any other aspect of American healthcare where millions of people would be denied available and appropriate treatment and devices that can speed their return to the fullest and most active possible life. Even worse, there is no medical or scientific justification for these unreasonable and inappropriate hurdles that would amount to a return to a 1970s standard of care.”**

Paul F. Pasquina, M.D. (Colonel, U.S. Army retired): **“Throughout my medical career I have had the opportunity to treat many patients and advise them and their families during their physical and psychological recovery after amputation. I have seen the tremendous improvements in prosthetics in recent years, and how they have greatly improved the lives of individuals with limb loss - enhancing rehabilitation outcomes and independence. It is for those reasons that organizations such as the Department of Defense, Department of Veterans Affairs, and the National Institutes of Health have invested so heavily in supporting the advancement of this technology - not only to enhance the care of our nation's heroes, but to elevate the care of all Americans with disabilities. It is therefore, disheartening for me to see Medicare proposing steps that would likely place barriers between patients and these very beneficial advanced prosthetics.”**

Jack Richmond, an amputee from Cleveland, TN., and board member of the Amputee Coalition: **“The Amputee Coalition has always maintained that arms and legs are not a luxury and shouldn't be treated as such. Everyone needs to know that amputees matter and that any changes to current amputee care must ensure patients are able to receive the most appropriate prosthetic device for their needs when they need it.”**

FOR MORE INFORMATION:

The current Medicare policy for reimbursements is available online at <http://www.medicarenhic.com/viewdoc.aspx?id=2948>. The draft Medicare policy may be read at <http://www.medicarenhic.com/viewdoc.aspx?id=3109>.

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