

## Dan Berschinski Comments

Good afternoon, my name is Dan Berschinski. I am the chairman of the board for the Amputee Coalition which is the only national non-profit representing nearly 2 million Americans living with limb loss. We work to ensure all amputees are able to reach their full potential through education, support, and advocacy. I am also a military Veteran and an amputee. While serving in Afghanistan as a young Army officer I lost both of my legs after being wounded in combat. I now walk with two prosthetic legs.

While I recognize that this policy impacts Medicare and doesn't directly impact the Department of Defense or the Veterans Administration, I am here today to share the Amputee Coalition's concerns. I would also like to highlight the fact that Medicare's policies are often picked up by other payers including private insurance and that Medicare's policies could eventually set the tone for the VA as well, so there is certainly the potential that this proposal will go on to impact all Americans living with limb loss - not just Medicare beneficiaries.

We have several concerns with the primary concerns being - the new functional status definitions and requirements, the requirements for rehabilitation on a basic preparatory prosthesis, reduced access to appropriate prosthetic feet, and reduced access to appropriate socket technology and liner inserts.

First, the Amputee Coalition firmly believes that amputees should be provided with the most appropriate prosthetic device for their needs to be able to reach their full potential. Under this proposal, there's significant concern that the changes in the functional status definitions would limit that goal. It's disappointing to see that the proposal would not consider a patient's future potential when determining their functional ability and would force patients into basic functional level classifications if they use an assistive device - like a cane for instance. The Amputee Coalition believes that considering the patient's potential abilities in assigning a functional level is important, and we stress that the use of assistive devices should not be used to limit an amputee's functional status. If an amputee can walk at a K-3 or K-4 level while using a cane, why force that same amputee to be classified at a lower level? Because that is what these rules would require.

SECONDLY, the Amputee Coalition believes that the definitions and requirements for a preparatory prosthesis and a definitive prosthesis must be amended to better reflect current accepted practice in amputee care and rehabilitation.

Under this proposal, new amputees would be required to complete rehab on a preparatory prosthesis (a training leg if you will) with very basic components. The definitive prosthesis - that is the leg that the amputee will use for the rest of his or her life - would be completely different from the preparatory leg that the amputee had trained with. Those basic components of the preparatory leg are most likely not going to be part of a definitive prosthesis and shouldn't be the type of components a new amputee should rehab on. Current practice is to provide a definitive device earlier in the rehabilitation process - so that the amputee can train with it - and although the socket may need to change as the residual limb matures, the overall device rarely changes. With this in mind, the definitions and requirements for rehab completion under the proposal must be changed to allow amputees to rehab on the most appropriate device.

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There is also significant concern that consolidating foot and ankle codes and limiting K2 level patients to fixed ankle feet would greatly impact patient care. Every amputee is unique and so are their needs. By consolidating feet and ankles into a single code, this proposal would likely result in amputees receiving a foot and ankle based on lower cost and not based on the most appropriate device for their needs. The added stability and function that an appropriate foot and ankle can provide can't be understated, and the determination of the most appropriate foot and ankle for each patient should continue to be made between the patient and their medical team. Consolidating often leads to reduced options for patients, and this could significantly impact individual's mobility and stability if they aren't able to receive the appropriate foot and ankle.

Finally, the Amputee Coalition is concerned about the proposed changes to sockets and liners. The socket is arguably the most important component of any prosthetic device. In order for a prosthetic device to be effective for a patient, it must first and foremost fit properly and provide adequate comfort to be worn all day long. With this in mind, it's important to allow the patient's medical team to determine the most appropriate socket and liner for their needs. Suction suspension systems should continue to be available for all levels of patients and elevated vacuum systems should continue to be made available to patients if their medical team determines they are the most appropriate systems to meet their needs. Additionally, it must be made clear that if a patient's medical team determines a roll on custom fabricated liner or cushioned liner is best for the patient, they continue to be provided.

In conclusion, the Amputee Coalition recommends rescinding and making significant changes to the proposal to address these and other concerns outlined in our formal comments. Again while I've been fortunate to receive the outstanding prosthetic care I have as a wounded warrior and veteran, I fully recognize that this proposal has the potential to impact many more lives than my own and I believe it's important that these concerns be addressed appropriately so Americans living with limb loss are able to receive appropriate care. Thank you.