



New Rights for the Connecticut Limb Loss Community

The Connecticut General Assembly passed a bill in 2018, subsequently signed into law by the Governor, that gives amputees and others of the limb loss community **new rights with regard to health insurance coverage**. The official name of the legislation is “Public Act No. 18-69, An Act Concerning Health Insurance Coverage for Prosthetic Devices.” This law went into effect January 1, 2019.

The law will be ineffective unless new amputees are informed of their new rights. In order for that to happen, the medical community must also know those rights, inform patients, and to urge them to seek out additional information and help when needed. Sources for additional information are included on page two of this document. Please help us achieve the goal of patient-centered care.

What are those new rights?

1. **Coverage for prosthetic devices must be equal or better than Medicare.** Private health insurance policies must provide coverage for prosthetic devices that is at least equivalent to that provided under Medicare. Such coverage will likely be limited to a prosthetic device that is **determined by the insured’s or enrollee’s health care provider** (i.e., doctor) to be the most appropriate to meet the medical needs of the patient.

A prosthetic device is defined as an artificial limb that replaces, in whole or in part, an arm or a leg. **This includes devices that contain a microprocessor.** However, it does not include devices designed exclusively for athletic purposes.

2. **Prosthetics are no longer considered DME.** The prosthetic device shall not be considered durable medical equipment (DME) under such policy.
3. **Repair and Replacements are covered.** Coverage for medically necessary repair or replacement of a prosthetic device, **as determined by the insured’s or enrollee’s healthcare provider** (i.e., physician) is included.
4. **No additional coinsurance, copayment, or deductible is allowed.** The policy cannot impose an additional coinsurance, copayment, deductible or other out-of-pocket expense for a prosthetic device that is more restrictive than that imposed on all other benefits provided under the policy.
5. **Prior authorization for prosthetic devices must be treated in the same manner as other benefits.** Authorization may not be more restrictive; it must be in the same manner and to the same extent as is required for other covered benefits under that policy.

Exceptions

Grandfathered Policies: Due to the provisions of the Affordable Care Act (aka Obamacare), certain older insurance policies that were in effect before the ACA was enacted were ‘grandfathered.’ So those policies, held by either municipalities or companies, if still in effect, do not fall under the purview of this law.

Self-Insured Entities: Entities that are self-insured (for example, employees of the State of Connecticut) are not affected by this law.

Out-of-State Company: Finally, if your employer is headquartered in another state and is insured by company outside of Connecticut, its policies are not governed by this law. If you or your patient falls into one of these categories, ask about your benefits.



Amputee Peer Visitors

The best way for your patient to learn what to expect going forward is to speak with a peer visitor. Amputee Coalition of America trains Certified Peer Visitors and connects them with new amputees. If you or your patient would like to speak with an experienced amputee, contact one of the following:

- 1. Connecticut Amputee Network (CAN)**
<http://ctamputeenetwork.org/>
Herb Kolodny, co-founder and Certified Peer Visitor
(203) 530-7986
herb@ctamputeenetwork.org
Brenda Novak, co-founder and Certified Peer Visitor
(480) 353-9337
brenda@ctamputeenetwork.org
- 2. Amputee Coalition of America and the National Limb Loss Resource Center (NLLRC)**
<https://www.amputee-coalition.org/limb-loss-resource-center/>
(888) 267-5669
- 3. Disability Rights Connecticut**
<https://www.disrightsct.org/>
(800) 842-7303
- 4. Bureau of Rehabilitation Services**
Department of Rehabilitation Services
55 Farmington Avenue, 12th Floor, Hartford, CT 06105
(800) 537-2549
- 5. Hospital or Rehabilitation Center** where you or your patient is presently inpatient or outpatient

How to Respond to a Medical Denial

- 1. Prepare to appeal the decision.** The insurance payer may require additional documentation or evidence with regard to medical necessity. Ask/demand that your doctor work with your prosthetist and physical therapist **as a team** to provide any and all necessary documentation. Remember: patient-centered care requires cooperation between medical professionals.
- 2. Ask for help** from one of the above resources: CAN, NLLRC or Disability Rights Connecticut.

State Agencies that Protect Patients' Rights

Department of Insurance

<https://www.ct.gov/cid/site/default.asp>
(860) 297-3900

Office of the Healthcare Advocate

<https://www.ct.gov/oha/site/default.asp>
(866) 466-4446

Text of the New Law

Available online at: <https://www.cga.ct.gov/2018/ACT/pa/pdf/2018PA-00069-R00SB-00376-PA.pdf>