

To: Chair Pena-Melnyk and Vice Chair Cullison of the Health and Government Operations Committee

Reference: House Bill 865, Maryland Medical Assistance Program and Health Insurance - Coverage for Orthoses and Prostheses

Position: Support/Favorable

I am grateful for the opportunity to share my comments on House Bill 865 and to encourage your support for this piece of legislation.

I write to you today as a Certified Prosthetist Orthotist (CPO). I had the wonderful opportunity to intern at Dankmeyer, Inc. (based in Linthicum, MD) which was my first exposure to the world of prosthetics and orthotics. I pursued my Master's in Prosthetics & Orthotics and practiced at Dankmeyer for 4 years as a CPO. During my time as a clinician, I worked with a wide variety of patients across a range of ages, diagnoses, races, socioeconomic statuses, and education levels. My primary sites of work were the Kennedy Krieger Institute and Johns Hopkins Hospital.

As a CPO, I evaluated each of my patients and designed a unique device to meet their needs, knowing that they would **likely only have one device to fulfill all their needs**. I needed to factor in **all** a patient's daily activities and occasional recreational activities when designing **one** device. We must provide a single device that has a fixed number of features and physical restraints to match the wide array of activities a patient can engage in: this is a nearly impossible task. Ultimately, we must pick a middle ground which focuses on standing and walking, often at the expense of being able to fully engage in activities such as running, biking, or even different positions such as kneeling for long periods of time. I worked with many patients who had the desire and physical ability to participate in activities beyond ambulation but were unable to because of a lack of access to activity-specific devices.

It is difficult for someone who is able-bodied to truly empathize with and understand the life of someone who uses a prosthesis or orthosis. However, take the simple analogy of having only one pair of shoes. You must use these shoes for every activity from this day forward. No matter what family event, social engagement, professional meeting, or athletic activity you wish to participate in, you must wear this one pair of shoes. Picking this one pair of shoes will be extremely important: you must do your best to consider all the events you will engage in for the next several years and try to pick something that will work "well enough" for as many situations as possible. Ultimately, you can do several of your desired activities, but unfortunately, your pair of shoes will not work for your favorite sport, running. You know that if you try to run in these shoes, your skin will get irritated, causing sores and blisters to form, which will detract from your other life activities. You try to adjust these shoes to allow you to run, but nothing you do makes them work. If you adjust them too much, not only will they work poorly for running, but they will no longer work well for your other life activities. Heartbroken, you decide to give up on running, which was your primary form of exercise. Over time, due to a lack of exercise, you lose muscle mass and gain weight, which puts you at higher risk of heart disease, high blood pressure, and stroke¹. Your journey here started because you could not get shoes which allowed you to engage in exercise. How can we similarly deny our patients access to devices which will keep them healthy?

Due to the large volume of patients and similar presentations, I was often treating patients with similar diagnoses who had completely different outcomes. The root cause of this difference was typically access to resources. A patient with a lower limb amputation could enjoy a great quality of life if they had enough money to afford what insurance would not cover, such as devices that were built completely different from their walking leg to allow them to engage in activities such as running or weightlifting. The same patient who does not have financial resources is left to manage with their single device. Using a device for what it is not built for may lead to increased stresses on the amputated limb and can cause skin breakdown or device failure. Skin breakdown can lead to infection and subsequent complications such as higher amputation, and in the direst cases, death. Device failure can lead to falls, which can lead to higher medical service utilization and increased costs.

Staying active allows our patients to maintain their best possible health, which wards off the many other life-threatening conditions that can arise with an increasingly sedentary lifestyle. “Sedentary behaviors have wide-ranging adverse impacts on the human body including increased all-cause mortality, cardiovascular disease mortality, cancer risk, and risks of metabolic disorders such as diabetes mellitus, hypertension, and dyslipidemia; musculoskeletal disorders such as arthralgia and osteoporosis; depression; and, cognitive impairment”².

A patient’s rehabilitation journey should not be dictated by their access to financial resources. All of our patients deserve to have equal access to activity-specific devices to help them stay as active and mobile as possible.

For all the above stated reasons, **I urge you to vote in favor of House Bill 865.**

For more information, please contact:

Nina Bondre, CPO, FAAOP

Nina.bondre@gmail.com

Mobile: 410-245-5262

References:

1) World Health Organization. Physical inactivity a leading cause of disease and disability, warns WHO. Available at <https://www.who.int/news/item/04-04-2002-physical-inactivity-a-leading-cause-of-disease-and-disability-warns-who>

2) Park JH, Moon JH, Kim HJ, Kong MH, Oh YH. Sedentary Lifestyle: Overview of Updated Evidence of Potential Health Risks. *Korean J Fam Med*. 2020;41(6):365-373. doi:10.4082/kjfm.20.0165