

SB376 Cost/Benefit Analysis

Direct Costs

1. [2013 study of Medicare](#) costs for prosthetics proves that **total health care costs at 12 months for population that receives prostheses versus the population that does not differ by less than 1%**.
 - a. **Within 18 months, there is a 10% savings in total healthcare costs** for patients that do receive prostheses.
 - b. Higher costs for population that does not receive a prosthesis result from depression, cardiac and vascular conditions and obesity.
2. 2000 study by State of Colorado (a self-funded health plan) also showed savings when amputees were promptly provided prosthetic care.

Indirect Costs

1. **Amputee is more independent** when wearing a prosthesis, requires less caretaker time; is active and experiences improved overall health; **results in lower overall healthcare costs**.
2. Primary caregiver is freed up to return to work (or part-time work) and contributes to local economy.
 - a. Disabled people in the workforce have significant buying power (see "[The Spending Power of Working-age Adults with Disabilities](#)"). 1 in 5 Americans have a disability; 22 million are of prime working age.
3. Amputee is able to return to work, paying taxes and health insurance premiums, and contributes to local economy.
4. **Families are able to avoid having a personal medical catastrophe turn into a family financial crisis**; loss of family income can result in reliance on Medicaid (and Medicaid will provide a prosthesis).

For additional information or questions, please contact us:

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