The War Amps
2827 Riverside Drive
Ottawa, Ontario K1V 0C4
Tel.: 1 800 465-2677, 613 731-3821
Fax: 1 855 860-5595, 613 731-3234

Re: British Columbia Framework for Accessibility Legislation
PO Box 9929 STN
PROV GOVT,
VICTORIA, BC, V8W 9R2

Attention:
The Honourable Shane Simpson, Minister of Social Development and Poverty Issues

Fax: 250 356-8182
Email: engageaccessibility@gov.bc.ca

Report to the Minister of Social Development and Poverty Issues, the Honourable Shane Simpson

Prepared by:
The War Amputations of Canada

November 26, 2019

Executive Summary

Insufficient access to assistive technology, prosthetic limbs, is a key barrier faced by the community of persons with amputation in British Columbia. Insufficient access is compounded and perpetuated by attitudes held by the public and key stakeholders who believe that prosthetic technology is more advanced than in reality; underestimate the role prosthetic technology plays in accessibility; and underestimate the high cost.

British Columbians would be shocked to learn that if you lose a limb, you are not appropriately covered for the artificial limbs you need to restore your ability to access your activities of daily living, your community and your workplace. A lack of understanding into the cost of, and the critical accessibility role played by, the medically appropriate prostheses has enabled the creation of arbitrary and low standards of coverage, and funding for prostheses which do not reflect the full cost of prosthetic care. Across the country, amputees are faced with balances of upwards of $60,000 or more for appropriate prosthetic devices.

The UN Convention on the Rights of Persons with Disabilities article 20 has set out that State Parties must take steps to facilitate access to quality mobility aids, devices and assistive technologies, including by making them available at affordable cost. Canada ratified this declaration in 2010, yet this still presents a barrier to accessibility for amputees.

A provision to this new legislation must guarantee that British Columbia ensures that appropriate coverage for artificial limbs is available to all amputees.

British Columbia has an opportunity for leadership in this area, which should be used to set the standard across the country. Assistive technology is a critical element of accessibility for persons with disabilities. Without these tools, persons with disabilities are barred from accessing our activities of daily living, our communities and our workplaces. The disability community needs a standard which facilitates affordable access to assistive devices, as without this, accessibility will not be achieved. We believe that all provinces, including British Columbia, have the major responsibility to set and uphold an appropriate standard for artificial limbs, as per their commitment to accessibility, to the United Nations and to all Canadians.

Table of Contents

Introduction

The War Amps has been at the table throughout the development of accessibility legislation at the national and provincial level. Notable to us has been the significant absence, thus far, of a dialogue addressing the needs and considerations for Canadians with amputations, and, more generally, the critical role that assistive technology plays in the lives of persons with disabilities, including amputees. Appropriate and low-cost access to assistive technology, including artificial limbs, is an accessibility issue, as without it, many persons with disabilities cannot navigate their activities of daily living, their communities and their workplaces.

This is not a criticism, but merely an opportunity for The War Amputations of Canada to flag this issue and suggest ways in which this new legislation can show leadership in addressing a pernicious, often overlooked barrier to accessibility for persons with disabilities. We appreciate the opportunity for comment.

This report is comprised of two parts. Part One serves to describe the problem and provide our recommendations for how the British Columbia can and in fact, has the responsibility to address this accessibility issue, while Part Two provides answers to some key and frequently asked questions surrounding accessibility legislation.

1 PART ONE - Description of the issue facing persons with amputation in British Columbia

Access to assistive technology, including artificial limbs, is a key barrier faced by the community of persons with amputation. As well, attitudes and misconceptions held by the public and key stakeholders regarding prosthetic technology further inhibit access to appropriate technology.

We believe that British Columbians would be shocked to learn that if you lose a limb, you are not appropriately covered by provincial healthcare or private insurance for the artificial limbs you need to restore functionality, and to access your activities of daily living, your community and your work.

Government agencies and insurance companies do not fully comprehend the impact of amputation and the role the artificial limb (or prosthesis) plays in reducing the incidence of other medical conditions that can develop with amputation, and in restoring some of the functionality required for them to access services in, and contribute to, their community and workplace.

This lack of understanding results in government and private agencies creating and adhering to policies which do not reflect the reality of living with amputation and which, when applied, prevent amputees across the country from being able to access prosthetic components that are medically prescribed and essential to their everyday functionality.

We have been monitoring the outcomes of British Columbia's current prosthetic policy under Pharmacare for quite some time now and have been very disappointed that, in application, the "basic functionality" provision is being interpreted in a manner which prevents British Columbians with amputations from receiving medically appropriate and "basic" care. Time and again, studies show that when an amputee receives appropriate prosthetic care, their cost of care decreases, which reduces the demand on a strained health-care system. Simply put – it's good economics.

For amputees, accessibility is impacted by the appropriate standard of prosthetic limb that is provided, either by a government agency, the insurance industry, workers compensation administration et al. Certainly, British Columbia has a significant role in improving the standard of what we, in The War Amps, describe as accessibility to proper prosthetic devices, so as to maximize the functional potential of an amputee.

To provide further illustration of how this issue has impacted amputees, please find our compendium of case examples as the appendix to this report.

1.1 Access to appropriate assistive technology is core to accessibility for persons with disabilities including amputees

Appropriate assistive technology, including artificial limbs, enables access to:

- service delivery (e.g. health services, customer services, education),
- employment (e.g. hiring and retention),
- physical environment (e.g. entranceways, parks, sidewalks, parking)
- information and communication (e.g. websites, print materials, emergency information) and
- transportation (e.g. buses, ferries, taxis)

Without these assistive technology, amputees and other persons with disabilities are presented with an insurmountable bar to accessing the five areas above: without assistive technology, like artificial limbs, many persons with disabilities are not able to even leave their homes. It is our position that without a provision which sets an appropriate standard, and ensures that agencies, where responsible, provide

appropriate access to assistive technologies, accessibility legislation will fail to meet its objective.

1.2 How can the Government of British Columbia address this issue with new accessibility legislation?

Firstly, in support of all provincial employees, the Government of B.C. procures contracts with benefits providers to provide coverage for assistive devices as part of their benefits and extended benefits packages. Due do a serious lack of adequate funding for assistive technology at the provincial healthcare level, many persons with disabilities, especially amputees, rely on these benefits to help to ensure that the assistive devices they need are affordable.

Sadly, too many of these insurance and extended benefits packages contain arbitrary limits on contributions for essential medical devices, including artificial limbs. These "caps" effectively prevent employees of the provincial government from affordably accessing the assistive technology they need. Moreover, these caps are not reflective of the reality of living with amputation or other disabilities, which require reliance on assistive technology.

For example, many policies contain an arbitrary "one limb for life" provision. Amputees need periodic adjustments and replacement of their prosthesis or components within it. If they amputee's weight fluctuates five pounds or a component becomes worn, changes will need to be made. On average, an amputee requires a new prosthesis every three to five years due to physiological changes or the wearing out of components. A "one limb for life" policy acts as a barrier, preventing amputees from accessing assistive technology that is paramount to their accessibility in all areas of their lives.

RECOMMENDATION: As part of this accessibility legislation, the provincial government must ensure that any contract procured for extended benefits does not include a cap for medically necessary devices, including artificial limbs and other assistive devices which are essential to the accessibility for those who rely on them.

Secondly, there are many provincially regulated agencies who are mandated to provide healthcare services, including assistive technology, to their beneficiaries. These include for example: Pharmacare, WorkSafeBC, and the Crime Victims Assistance Program. These agencies must ensure that their policies provide appropriate coverage for medically necessary assistive technology. If not, barriers to accessibility will not be alleviated for these populations. Their policies should not contain arbitrary exclusions on

assistive technology which has been prescribed to a person with a disability by their medical team. As cited above, Pharmacare's "basic functionality" policy has been scored an "F" by our Association for this restriction. Though this policy listed some criteria for the definition of what is meant by "restoring basic functionality", decisions to deny funding on this basis are laden with misunderstanding about the limits and abilities prosthetic care allows. It is clear to our Association that a lack of knowledge is evident in this area.

An understanding and education in amputation and the role that prosthetic technology plays in accessibility is required. We have worked with provincial government agencies, including Alberta, Manitoba and New Brunswick, as well as federal agencies (both DND and VAC) to provide them with this education and we have collaborative partnerships in place, so that consultations with The War Amps can occur. Our goal is to assist government agencies to develop policies which are reflective of the reality of living with amputation, and which provide restored accessibility to persons with amputation, all while preventing unnecessary expenditures.

For example, our partnership between DND, VAC and The War Amps has been a great success. Together, we have created prosthetic standards which provide appropriate access for assistive devices, including both prosthetics and orthotics, to veterans and still-serving members. Effectively, thanks to this partnership with The War Amps, DND and VAC's prosthetic policies demonstrate a gold standard, which should be used nationally to ensure that all persons with amputation receive appropriate access to care.

RECOMMENDATION: As part of this accessibility legislation, the Government of British Columbia must ensure that any department which provides coverage for assistive technology, like prosthetic limbs, has a sound understanding of the essential role assistive technology plays in the lives of its beneficiaries. Further, all provincial agencies must develop and implement policies which best meet the needs of these individuals, ensuring that their accessibility is not compromised by an out-of-date policy on assistive devices, especially artificial limbs.

Currently, the prosthetic policies in place by VAC and DND meet this obligation and set a standard which ensures that the needs of veteran and military beneficiaries are met. Through our collaborative partnership, VAC and DND have ongoing access to The War Amps nearly 100 years of expertise in amputation and prosthetics, which they leverage to ensure that the policy remains current.

RECOMMENDATION: The standard set by VAC and DND's prosthetic policies should be applied to all provincially regulated agencies which provide coverage for assistive

technology and should be used as a national standard to elevate the egregiously low and arbitrary standards applied by provincial agencies.

At the very least, BC's PharmaCare policy on coverage for artificial limbs should be reviewed in consultation with those with expertise in amputation and prosthetic care to ensure that is reflects and begins to address the reality of living with amputation.

1.3 Obligations under the United Nations Convention on the Rights of Persons with Disabilities

The UN Convention on the Rights of Persons with Disabilities Article 20 has set out that State Parties must take steps to facilitate access to quality mobility aids, devices and assistive technologies, including by making them available at affordable cost. Canada ratified this declaration in 2010, yet there is still a barrier to accessibility for amputees.

Article 20 states:

"States Parties shall take effective measures to ensure personal mobility with the greatest possible independence for persons with disabilities, including by:

- *Facilitating the personal mobility of persons with disabilities in the manner and at the time of their choice, and at affordable cost;*
- *Facilitating access by persons with disabilities to quality mobility aids, devices, assistive technologies and forms of live assistance and intermediaries, including by making them available at affordable cost;"*

Further, article 32 states that State Parties will:

- *"Provide, as appropriate, technical and economic assistance, including by facilitating access to and sharing of accessible and assistive technologies, and through the transfer of technologies."*

We find it shocking that Canada has ratified this Convention while overlooking this obligation almost completely. Amputees, and others who rely on assistive technology for their mobility are not afforded access to the mobility aids they need at an affordable price. For amputees, often the manner chosen to enhance their mobility is by way of their artificial limb. Across the country, we have seen amputees face price tags of up to $60,000 or more for the basic assistive technology they need to regain their independence and personal mobility.

This significant financial burden is present as insurance and provincial funding contributions fall shockingly short. Given this cost barrier, we are sad to say that some

amputees must go without. It is our position that an amputee's level of accessibility within their community or workplace should not hinge on the arbitrary financial support provided by provincial governments. The War Amps fills the gaps where it can, but as a charity that relies on public donations, our funds can only go so far.

Canada's failure to appropriately fund artificial limbs for amputees is evermore shameful when we consider that the World Health Organization (WHO) has identified artificial limbs as a "Priority Assistive Product" through the GATE Initiative (Global Cooperation on Assistive Technology). The Priority Assistive Product list serves as a model for member states to build their own priority areas and implement by priority. On this list is also, hearing aids, wheelchairs, communication aids, spectacles, pill organizers, and memory aids, among others.

In collaboration with the Convention, the WHO is clear that assistive technologies like artificial limbs should form an integral part of universal health coverage for State Parties who have ratified the Convention.

RECOMMENDATION: The Government of British Columbia has the responsibility, as part of the obligation set out to help Canada to ratify this Convention, to ensure that Canadians with amputations have affordable access to the assistive devices they need to restore and preserve accessibly, functionality and quality of life. The obligation to address inappropriate prosthetic care is urgent, as many amputees across the Canada are without the limbs and devices, they need to access their activities of daily, living, their communities and their workplaces.

1.4 Concluding Thoughts

Appropriate and low-cost access to assistive technology, including artificial limbs, is an accessibility issue, as without it, many persons with disabilities cannot navigate their activities of daily living, their communities and their workplaces.

As part of building their accessibility legislation, it is our position that the Government of British Columbia has the responsibility to demonstrate leadership to ensure the adoption of the tenets contained in the United Nations Convention on the Rights of Persons with Disabilities. As you have seen above, the provision of affordable access to assistive technology is an integral, and so far, overlooked portion of this Convention. The Government of British Columbia must ensure that its residents living with amputation receive access to appropriate care which is reflective of the reality of living with amputation.

We strongly recommend that this accessibility legislation include a provision which mandates that affordable access to appropriate prosthetic technology (and all essential assistive devices) must be available to all British Columbians who require it:

- **The legislation must ensure that amputees who are employed with provincially regulated agencies and employers receive access to funding for appropriate limbs through extended benefits policies;**

- **It must ensure that beneficiaries of government programs where artificial limbs are provided receive access to funding for appropriate limbs.**

- **B.C. has the responsibility and the opportunity to take a leadership position to develop a standard which meets our international obligations for appropriate access to artificial limbs for Canadians.**

2 PART TWO – Frequently Asked Questions: Pertinent Information for Policymakers regarding Accessibility for Amputees

2.1 What attitudinal challenges need to be addressed?

Amputees who require artificial limbs are faced with two key attitudinal challenges held by the public and funding policy decision-makers.

- A lack of understanding of a very complex area of health care and medicine.
- A misconception that prosthetic technology is more advanced than is it: Sci Fi syndrome.

Hollywood and the media have raised the expectation of what is possible in prosthetic technology in the eyes of the public, the amputee and their support system, and the funding agencies. All too often, the realities fall short of these expectations, which can have a devastating impact on the amputee and their rehabilitation. The images, the terminology, the stories and the hype all contribute to the unrealistic expectations.

A number of movies and television shows have featured artificial hands that have more basis in special effects than real prosthetic technology available to the consumer: Star Wars; Robocop; Terminator; The Six-Million Dollar Man, and more.

Though entertaining in television, these portrayals set false expectations of the functionality of prosthetic devices and allows us to ignore the limitations of them. As a result, given the lack of familiarity with prosthetic limbs or with amputees, the public and

policy decision-makers often assume that prosthetic limbs provide more functionality than the reality. Sometimes, even assuming that they can offer “greater than the real limb”.

In response to this assumption, decision-makers often assert that the amputee only needs “a basic limb” and not anything “sophisticated”. In truth, no technology we have today comes close to replicating more than 20% of the functionality lost. Even today’s more modern technologies are not able to replicate human functionality in a manner which can be described as “basic”. All technologies fall short. To illustrate, some of he most “advanced” and functional knee units merely mimic some of the knee function required to prevent falling when a step is taken. Moreover, for upper limb amputations an “advanced” myoelectric hand is merely able to open and close. It does not approach the basic functional requirement of a human hand.

The “Sci Fi syndrome” mentality negatively affects amputees by limiting access to technologies which will prevent them from falling, reduce overuse and strain injuries, or help them to maximize their functional ability. Given the limitations in technology and the loss of their limb, this functional ability will still be drastically lower than an able-bodied individual.

Though the upfront cost is high, artificial limbs are not luxury items. In every case, a prosthetic limb is requested to allow an individual to walk safely, to leave their house without falling, and to regain some quality of life that was lost with their amputation.

2.2 How much do artificial limbs cost?

Coupled with the misconceptions surrounding the functionality of prosthetic limbs is the lack of awareness regarding the often prohibitively high cost of artificial limbs.

Each artificial limb must be custom-made and given the small market of prosthetic users (i.e. amputees), they cannot be mass-produced. Hence, the industry of prosthetic component manufacturing does not benefit from an economy of scale. Much research and development go into the engineering for prosthetic components in attempt to replicate some human function and these research and design costs must be passed on to the consumer.

Costs for artificial limbs range significantly and more so depending on amputation level.

Level of Amputation	**Estimated cost range**
Above the knee	$25,000 – over $100,000

Below the knee	$8,000 – $80,000
Above the elbow	$8,000 - over $100,000
Below the elbow	$7,000 – over $100,000

The replacement of a limb lost can appear steep upfront, and funding agencies must make difficult decisions to allocate limited funds; however, time and time again, studies show that when an amputee receives an appropriate prosthesis, their cost of care decreases, which reduces the demand on a strained healthcare system. It's good economics.

Across the country, governments cover the full cost of knee and hip replacements – a veritable internal prosthesis, but when the knee or hip prosthesis is external, the government neglects its duty, leaving amputees to bear cost, health and functionality burdens

Across Canada, funding for artificial limbs in every province is inadequate to meet the needs of amputees requiring basic artificial limbs. We feel there is a lack of education and understanding on the part of those drafting these policies, as to the total disability of amputation and the impact of prosthetic and orthotic devices on the lives of amputees.

The amputee population in Canada is not high (approximately 0.5% of the population). To provide appropriate artificial limbs for this small demographic would cost significantly less than the cost of knee and hip replacements, for example.

2.3 What are the options for the Government of British Columbia to address gaps in support, including any best practices or examples and ideas of leading actions?

According to the World Health Organization, "very few countries have a national assistive technology policy or programme. Assistive products are often rationed or not included within health and welfare schemes, leading to high out-of-pocket payments by users and their families."[1]

Ideally, access to assistive devices and rehabilitation services should be included in the Canada Health Act as an essential service. The current Canada Health Act mandates that provinces provide essential services to Canadians that are provided by doctors through hospitals. A prosthetic limb is an essential service for an amputee and the Act should be amended to reflect this update.

[1] http://who.int/mediacentre/factsheets/assistive-technology/en/

In the absence of this, B.C. should develop a provision which prohibits insurers from creating arbitrary caps of medically necessary services, such as artificial limbs. The Affordable Health Care Act in the United States contains this provision, which ensures that Americans who pay insurance premiums are covered for essential medical services. Artificial limbs are included in this category. In the UK, the standard of care provided by the National Health Service includes acknowledgement of the cost savings presented by appropriate prosthetic care. As such, amputees in Britain have access to the devices prescribed to them without having to face concerns caused by this cap.

We strongly recommend that legislation include a provision which mandates that access to appropriate prosthetic technology (and all essential assistive devices) must be available to all B.C. residents who require it:

- The legislation must ensure that amputees who are employed with provincially regulated agencies and employers receive access to funding for appropriate limbs through extended benefits policies;

- It must ensure that beneficiaries of government programs where artificial limbs are provided receive access to funding for appropriate limbs.

2.4 What are the implications or considerations of implementing any of these options?

Education into the medical necessity of prosthetic devices is needed. This education will help to address the attitudinal barriers created by the lack of understanding regarding amputation and the misconceptions surrounding the functionality of artificial limbs. It must be relayed that artificial limbs play an essential role in improving accessibility and reducing co-morbidities. They are not a luxury.

It will be critical to engage stakeholders in any policy or legislation which affects amputation or prosthetic technology. It is a complex and advanced area which has been fraught with misconceptions. The War Amps would be happy to work with British Columbia to develop a policy which best serves amputees, and which will save costs for the government in the long term.

2.5 Do you have examples of collaborative models that have led to the creation of shared expectations and sustained culture change within organizations in relation to accessibility?

The World Health Organization and the GATE Initiative is working to provide tools to help facilitate these changes.

With nearly a century of expertise, The War Amps is a centre of excellence in the field of amputation and prosthetics. Nationally, we are held in high regard as the expert in the provision of care for all amputees in Canada. Through our formalized collaborative partnerships with the Department of National Defence, Veterans Affairs Canada and Orthotics Prosthetics Canada, we provide expert advice to assist in the establishment of standards and policies for prosthetics and care, for both civilian amputees and our traditional and modern war veteran and still serving war amputees. These agencies turn to us as the centre of excellence in amputation and prosthetics and hold our opinion as instrumental to their decision-making in support of persons with amputation and their prosthetic limbs. In every case, we provide experienced and well-researched insight which yields measured and fair results for both funding providers and persons with amputation.

The War Amps would be pleased to provide our assistance with the development of this legislation at no financial cost to the Government of British Columbia. We have worked with both DND and VAC to provide them with this education and we have collaborative partnerships in place, so that VAC and DND can consult The War Amps to help them to develop policies which are reflective of the reality of living with amputation, and which provide restored accessibility to veterans and still-serving members of the Forces, all while preventing unnecessary expenditures.

This partnership between DND, VAC and The War Amps has been a great success. Together, we have created prosthetic standards which provide appropriate access for assistive devices, including both prosthetics and orthotics, to veterans and still-serving members. Effectively, thanks to this partnership with The War Amps, DND and VAC's prosthetic policies demonstrate a gold standard, which should be used nationally to ensure that all persons with amputation receive appropriate access to prosthetic care.

2.6 How should the legislation define "accessibility" and/or "barrier"?

Accessibility should not be limited to architectural or communication barriers but should include the understanding that assistive technology directly affects accessibility for many persons with disabilities. For example, without a wheelchair, a ramp outside a building does not enable accessibility.

The absence of assistive technology is a barrier for persons with disabilities who rely on assistive technology to access their activities of daily living, their communities and their workplaces.

2.7 What approach should the legislation take to improve accessibility and remove barriers?

We believe that a prescriptive approach should be used, which sets out very clear and specific expectations. If an outcome approach is used, then very clear incentives and penalties must be put into place to ensure that progress towards outcomes is made.

Standards for the prescription approach should be created by consulting with stakeholders' groups who represent the persons with disabilities that the standard in question affects. Each disability has unique concerns and requirements for accessibility. By leveraging those deeply familiar with the barriers in accessibility posed, we will ensure that the appropriate needs are met.

2.8 The legislation could potentially set out different requirements and timelines for different types and sizes of organizations. Do you have any comments or suggestions for this?

Sufficient prosthetic funding, and funding for assistive devices, is an urgent need. We are lagging behind on our United Nations obligations, and as a result, amputees in British Columbia are going without artificial limbs. This means that they are unable to access their activities of daily living, communities, and workplaces. Subsequently, this increases costs of a burdened healthcare system and presents an unacceptable barrier to accessibility for amputees.

2.9 How should compliance with the legislation be monitored and enforced?

Enforcement mechanisms such as an ombudsperson or a complaints mechanism is important to ensuring compliance and enforcement of this new legislation. The complaints officer or ombudsperson must have the ability to conduct investigations regarding the complaints and render decisions to remedy inequities.

Appendix: Compendium of Case Examples of Insufficient Prosthetic Funding

This table provides examples of cases we have seen, where amputees have encountered insurmountable barriers to accessing the prosthetic limbs, they need to regain mobility, functionality and accessibility. The War Amps fills the gaps where it can, but as a charity that relies on public donations, our funds can only go so far. This list is not exhaustive, but we hope it will illustrate to you the severity of this issue for amputees in Canada.

Issue	**Cases**
Insufficient Government Funding from Provinces	• Though insufficient funding is provided for external prostheses, BC covers the full cost of hip or knee replacements (an internal prosthesis). • **J.F.** – young adult lost leg above the knee in car accident. Low income individual whose only source of funding is an award from ICBC (public vehicle insurance program in BC). Once exhausted, he will not be able to afford the prosthesis he medically requires to walk and to help reduce chronic pain in residual limb. • **M.C.** – 71-year-old woman required new prosthesis, as components of previous limb were beyond repair (foot was held together only by the shoe that was on it). Significant other health issues. The provincial health regime (MSI) contributed $2,137.65, leaving a remaining balance of $5,710.96. Extremely limited income (Old Age Security barely covers expenses), no insurance. Needs a new prosthesis to facilitate her activities of daily living and improve her overall health. • **R.Y.** – middle-aged man paid for medically necessary prosthesis out-of-pocket because province refused to cover. $62,000. He is slowly paying down this debt.
Insurance - Lifetime Maximums	• **D.H. (age 6)** – young multiple amputee (LBK, RS, PRH) denied coverage of limb. His insurer quoted a policy which specified that they only cover one limb per lifetime. Requires limb to get around and keep up with peers. • **E.B. (age 10)** – young amputee denied below elbow prosthesis due to limit of "*1 purchase of an arm service – occurrence every 1 lifetime*" in the family's insurance policy. • **G.B. (age 5)** - child who needs a prosthetic adjustment every 6 months or so, as she grows, exhausts her insurance with one fitting.
Insurance - Arbitrary Maximums	• **C.B.** - retired PSW requires a prosthesis with enhanced stability to prevent falls (she is in her 70s and risks serious injury with a fall), insurer arbitrarily limiting their contribution to $10,000. Leaving a balance of $62,320. • **C.V.** – elderly gentleman's insurer covers $2,500 lifetime max towards wheelchair AND prosthesis. This is a drop in the bucket for prostheses. • **K.K.** - police officer, $2,000 maximum for union-provided insurance with city. Medically required prosthesis is not available to him due to cost. Provincial funding only contributes $6,000 towards the $60,000 prosthesis leaving a balance of $52,000. He has had to go without. • **T.M.** - nurse requires a safe prosthesis to return to work. Her union insurance covers a maximum of $10,000 per limb. The limb she needs to return to work is approximately $80,000. She is not working as she cannot afford the balance.
Frequency Limitations	• **J.M. –** mother of three children with special needs. Had her leg amputated just above the ankle, then later required a revision surgery due to infection -

	now below the knee amputee. Insurer denied coverage, stating that she is only eligible for funding every five years. With revision surgery comes a new diagnosis and thus the requirement for a new prosthesis. She cannot wear the prosthesis built for the ankle amputation. She needs a new leg and cannot afford the balance. • **J.J.** - 5-year-old boy who needs a new prosthesis due to growth. Insurer asked for further details as to the nature of his growth (i.e. how he has grown). Prosthetist explained that children are constantly growing and may need to adjust their prosthesis as often as every three months. • **D.C.** – young child requires new prosthesis – denied because insurer will cover one limb, once every 4 years. • **L.H.** – young child denied coverage but requires a new prosthesis due to growth. The province (AADL) allows for one early replacement for children, but anything above-and-beyond they will not cover. This child underwent a growth spurt.
Exclusion - Based on Amputation Level	• Partial hand and partial foot fittings are often arbitrarily excluded from provincial and insurer prosthetic funding programs. These levels of amputation present their own unique challenges, as with any other level of amputation. • **S.W. (age 13)** – young teen, multiple amputee, denied partial hand and partial foot fitting because the insurer does not consider these items to be artificial limbs. Requires partial foot fitting for balance, and partial hand fitting to assist with activities of daily living (i.e. writing in school).
Exclusions - No Coverage for Myoelectric Limbs	• Arbitrary exclusion – the myoelectric prosthetic hand has been proven to be a very functional and important assistive device to arm amputees for over 30 years. Sadly, many government and insurance policies contain exclusions for this technology. Additionally, decision-makers erroneously lump together components, calling one myoelectric in an effort to exclude it when this is not the case. This comes from a lack of understanding. • **M.A.** – retiree denied coverage of microprocessor-controlled knee unit by insurer. Insurer cited: *"Myoelectrical limbs are excluded, but we will pay the equivalent of a standard prosthesis."* A microprocessor is not myoelectric and is not considered by medical professionals to be in the same category as a myoelectric limb. M.A. struggled to regain quality of life using other prostheses. Medical team has tried various options, and none have been successful. M.A. has struggled to overcome intense pain to residual limb with every step, a dangerous lack of balance and stability putting at risk of falls, and a debilitating fear of falling which has compromised physical and emotional well-being by avoiding activities. The prescribed knee unit would help alleviate some of these, but she was denied coverage. • **C.D. (age 7)** – young child denial artificial arm due to "*Myoelectrics not included in this benefit.*"
Prosthetic Supplies and Repairs	• Prosthetic supplies, such as socks and liners, are often subject to arbitrary annual or lifetime maximums, or are excluded from the provincial or insurance funding program altogether. These supplies are an integral part of the overall prosthetic fitting. • Repairs are often not included in most funding programs, and when they are, arbitrary maximums and frequencies are put in place. • **B.P.** – 77-year-old gentleman required repairs to allow him to continue using prosthesis. Pharmacare contributed $1,197.52, leaving a remaining balance of $1,585.98. B.P. had no insurance or other way to afford repairs, and also suffered from other serious health conditions. Without his prosthesis, would require a wheelchair which would greatly limit his mobility and his ability to complete activities of daily living.

	• **J.B.** – 67-year-old gentleman required emergency repair: province contributed $1,356.00, leaving a remaining balance of $1,161.00. Family had limited income and no insurance – no way to cover the cost. Other health conditions could have been exacerbated by lack of appropriate and safe prosthesis – greater risk of falling and sustaining serious injury. • **N.T.** – Teen requires repairs to broken prosthesis, to allow her to complete activities of daily living. Insurance plan states repairs covered at 70% when ordered by medical professional. Coverage was denied due to "*not eligible at this time… frequency limit of 60 months* [5 years] *has been reached.*" • **S.C.** – Young adult, attending nursing school, requires repairs to prosthesis, as no longer safe/ wearable. Denial of repair due to "*the reasonable and customary frequency covered under the plan had already been reached for this type of expense.*" Profession (nursing student) requires her to work long hours on her feet, with little breaks. As a leg amputee, she depends on her prosthesis in order to walk and stand.
Direct Billing	• Even when prosthetic funding is available, many insurance providers and funding agencies require that all, or a portion, of the limb be paid upfront by the individual/ their family. This either places the family in a financial hardship situation or causes them to forgo the limb due to being unable to afford the cost. This could range from $500 in advance to $30,000 or more.
Perceived Functionality of Prostheses	• **Sci Fi Syndrome** - the media has raised the expectation of what is possible in prosthetic technology in the eyes of the public and the funding agencies. However, the realities fall short of these expectations, which can have a devastating impact on the amputee and their rehabilitation. Unrealistic expectations of the true level of functionality. The simple fact remains that no prosthetic device can 100% replicate the loss of function resulting from an amputation. • **F.L.** – 57-year-old gentleman lost leg in a motorcycle accident and was denied coverage for the prescribed microprocessor knee unit by his insurer. Despite it being prescribed by his medical team, his insurer decided it was "not standard". He requires the prosthesis to complete activities of daily living and return to work. Five-year battle with insurer to present evidence from medical professionals and explain why this limb is vital to his safety and well-being. • **J.D.** – Young mom, denied knee unit because "*The standard of care in Canada recognized by the Canadian Medical Association, as an appropriate knee joint, is a hydraulic knee.*" Standard of care should be determined by med. professionals, and hydraulic knee would be unsafe and would cause further bodily harm in this case. This statement was later retracted as it was incorrect. • **S.W.** – teacher required new prosthesis. Insurer initially refused to cover the cost of the medically necessary knee unit. Referred to prosthetic components by their brand names, assuming one brand name is the "standard", and ignoring the recommendations of the medical professionals. Lack of understanding.