



March 19, 2020

**VIA ELECTRONIC DELIVERY**

**ATTENTION: ALL STATE GOVERNORS  
COVID-19 STATE TASK FORCES  
HEALTH INSURANCE COMMISSIONERS**

**RE: Prosthetic and Orthotic Care is an Essential Health Benefit that Patients Must Have Access to During the Response to the COVID-19 Pandemic**

Americans in need of prosthetic limbs and orthotic braces must be permitted to access the care they need during the COVID-19 pandemic. These services are *essential health benefits* as defined by the Patient Protection and Affordable Care Act (ACA)<sup>1</sup> and should be treated by the federal, state and local governments as necessary health care services, providers of which should remain accessible to provide orthotic and prosthetic (O&P) care to patients in need. To reduce the risk of infection, federal, state and local governments should issue further guidance and safety protocols to minimize transmission of the virus during patient care encounters.

On March 18, 2020, the White House Task Force on COVID-19, in conjunction with the Centers for Medicare and Medicaid Services (CMS), issued recommendations on adult elective surgery and non-essential procedures. The recommendations stated that all adult elective surgeries as well as non-essential medical, surgical, and dental procedures should be delayed during the COVID-19 outbreak. The guidance stipulated that such decisions remain the responsibility of local healthcare delivery systems, including state and local health officials.

The guidance also stated that when making these decisions, state and local authorities should consider not only the clinical situation but resource conservation of personal protective equipment, hospital beds, and availability of ventilators. (The provision of prosthetic and orthotic care does not impact the availability of hospital beds or ventilators.)

The National Association for the Advancement of Orthotics and Prosthetics (NAAOP), a national organization focused on the advancement of prosthetic and orthotic care, stands ready to assist the federal, state and local governments as they implement measures to minimize the risk

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<sup>1</sup> Section 1302 of the ACA (42 U.S.C. 18001) defines ten essential health benefits, including “rehabilitative and habilitative services and devices.” This benefit category clearly includes coverage of prosthetic and orthotic care as defined by the Summary of Benefits and Coverage, and consistent with both the Institute of Medicine report on Essential Health Benefits and Congressional intent expressed during passage of the ACA itself. *See* IOM (Institute of Medicine). 2012. *Essential Health Benefits: Balancing Coverage and Cost*. Washington, DC: The National Academies Press; *See* 111 Cong. Rec. H1882 (daily ed. Mar. 21, 2010) (statement of Rep. George Miller).



of COVID-19 infection, but potentially eliminating access to prosthetic and orthotic professionals as non-essential would not be prudent and would result in many patients having their significant prosthetic and orthotic needs go unmet.

The White House/CMS recommendation defines as Tier 3b surgical services that should *not* be postponed, including surgeries due to trauma as well as limb threatening vascular surgery. These are medical procedures that require immediate post-operative (and in some cases, pre-operative) prosthetic and/or orthotic care in order to achieve appropriate patient outcomes. Other examples of the need for continued access to prosthetic and orthotic professional services include:

- Infants and toddlers with Plagiocephaly in need of cranial orthotic “helmets;”
- Children with severe scoliosis, cerebral palsy or other congenital disabilities that require orthotic bracing or prosthetic limb care;
- Survivors of limb loss due to vascular disease and trauma but also other reasons such as cancer and other diagnoses;
- Orthotic treatment to assist in treating low back pain, spinal fractures, joint disease, and other conditions that affect the ability to walk and remain functional without significant pain; and,
- Limb loss as a result of complications from diabetes.

In these and other situations, the timeliness of prosthetic and orthotic care, as part of the rehabilitation plan of care, is instrumental to patients in achieving positive functional outcomes without unnecessary complications. We strongly urge the federal, state and local governments to continue to permit access to essential prosthetic and orthotic clinical care during the response to the COVID-19 outbreak and welcome the opportunity to work with state and local decision-makers to develop more specific guidance to keep patients and providers safe during O&P treatment.

Thank you for your consideration of this recommendation and please contact Peter W. Thomas, NAAOP General Counsel, at [Peter.Thomas@powerslaw.com](mailto:Peter.Thomas@powerslaw.com) or 202-607-5780 if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads 'Glenn Crumpton'.

Glenn Crumpton, LPO  
NAAOP President

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