Thank you Chairman Middleton for the opportunity to briefly address the committee today and thank you Vice Chairman Astle for introducing the important legislation that I’m here to speak in favor of today. I applaud this Committee for its leadership and ongoing commitment to strengthening your state’s healthcare system.

My name is Jan Colwell and I’m a Certified Wound Ostomy and Continence Nurse at the University of Chicago Medical Center. I am also the Past President of the Wound Ostomy and Continence Nurses Society which represents nearly 5,000 healthcare professionals who are experts in the care of patients with wound, ostomy and/or incontinence needs.

In America, over 120,000 people annually undergo surgery that creates a urinary or fecal ostomy. An ostomy is a surgical procedure involving removal of a diseased portion of the urinary or gastrointestinal system and creation of an artificial opening to the abdomen to allow the elimination of bodily wastes. To manage this new opening, the surgery requires the use of a prosthetic device for the collection of urine or stool.

Whether necessitated by cancer, inflammatory bowel disease or severe abdominal or pelvic trauma, ostomy surgery is both life-saving and life-altering. If you have an
ostomy, the waste material exits your body from a new opening and this opening has no nerves hence no control. Therefore you require a specially fitted medical device, a prosthesis or pouching system that collects the stool or urine in an odor proof pouch worn over the opening allowing you to engage in normal activities of daily living, to be physically active, and to participate in the work force. This specially fitted prosthetic device ensures the physical, emotional and psychosocial well-being of the person with an ostomy. Without access to the correct ostomy prosthesis the person with an ostomy has odor, skin irritation or stool or urine leaking onto their abdomen.

Continuous innovation in ostomy prosthetics and access to certified ostomy specialty nurses have improved the lives of persons with ostomies. Ensuring that the correct ostomy prosthetic device is available to meet each individual person’s permanent health care needs postoperatively and on an ongoing basis is vital to promoting recovery and maintaining health.

Like any prosthetic device, ostomy pouching systems must be fitted and evaluated for each individual based on the unique needs of the patient by specially trained health care professionals. Certified ostomy specialty nurses assess the patient, their abdominal topography, the type of the stoma, peristomal skin, stomal output and multiple other factors when determining ostomy prosthetic needs. Then, the appropriate prosthetic device can be determined for the individual. Ostomy supplies are not optional and they are not simple medical supplies. They are medically necessary and highly customizable prosthetics that need to be covered by insurers.

Despite their definition in the Social Security Act as prosthetic devices, ostomy devices are classified and reimbursed by government and private insurers in categories that do not recognize the prosthetic, life-restoring nature of the device. These categories include “medical supplies,” “durable medical equipment,” or “optional benefits.” This lack of appropriate classification restricts individual access to ostomy prosthetics, creates patient harm, and limits innovation in new ostomy technology.

If the ostomy patient does not have access to the correct prosthetics and to skilled specialty nurses, they may wear inappropriate devices purchased from the internet or off the shelf. They may attempt to make devices last longer than intended or serve
purposes not intended. They may suffer embarrassing leaks or painful skin rashes and lesions and/or require subsequent costly medical intervention and hospitalization.

From a clinical perspective it is hard to justify how an insurer could refuse to adequately cover ostomy supplies. Covering the cost of ostomy supplies ultimately saves costs. As previously mentioned, when ostomy patients don’t have access to supplies they will often seek treatment from other sources, such as the ER, or “get by” with what they can find. The cost of one outpatient visit to a hospital, especially to the ER, would far exceed the costs of ostomy supplies for a significant period. Any corresponding complication requiring hospitalization would cost the equivalent of several years of ostomy supplies. These lengths of hospital stays are extended when patients have skin breakdown (leading perhaps to infection) or are unable to be discharged because of a lack of supplies.

It is hard to understand why an insurer would pay for ostomy surgery but not cover ostomy supplies. This is the equivalent of paying for a lower leg amputation but not covering the cost of a wheelchair or a prosthetic. It is also hard to understand why an insurer would cover the cost of hospital stays and additional treatments that result from lack of access to ostomy supplies when they could just cover the cost of the supplies upfront to prevent those additional costs.

Chairman Middleton and Vice Chair Astle I thank you for the opportunity to focus a few minutes on what we in the ostomy community view as a very necessary reform to ensure our patients have access to the medically necessary supplies they need. On behalf of ostomy patients, families, and the nurses who treat them, I ask that this committee support SB 671 and would strongly urge its passage.

THANK YOU.