



June 24, 2015

Chairman Orrin Hatch
United States Senate
Finance Committee
219 Dirksen Senate Office Building
Washington, DC 20510

Ranking Member Ron Wyden
United States Senate
Finance Committee
219 Dirksen Senate Office Building
Washington, DC 20510

Chairman Paul Ryan
United States House of Representatives
House Ways & Means Committee
1102 Longworth House Office Building
Washington, DC 20515

Ranking Member Sander Levin
United States House of Representatives
House Ways & Means Committee
1106 Longworth House Office Building
Washington, DC 20515

Chairman Joe Pitts
United States House of Representatives
House Energy & Commerce Committee
Subcommittee on Health
2125 Rayburn House Office Building
Washington, DC 20515

Ranking Member Gene Green
United States House of Representatives
House Energy & Commerce Committee
Subcommittee on Health
2125 Rayburn House Office Building
Washington, DC 20515

RE: Support for the Ensuring Access to Quality Complex Rehabilitation Technology Act of 2015 (H.R. 1516 / S. 1013)

Dear Senators and Representatives:

The Independence Through Enhancement of Medicare and Medicaid (ITEM) Coalition requests that Congress establish separate recognition under Medicare for complex rehabilitation technology to ensure beneficiary access to individually-configured wheelchairs and critical assistive devices for beneficiaries with significant disabilities and chronic medical conditions. The current benefit structure presents serious and often insurmountable obstacles for individuals who need medically necessary complex rehabilitation technology (CRT) in order to live independently, be employed where possible, care for their loved ones, engage in civic functions, and perform everyday activities thus, resulting in good health outcomes

CRT entails a broader baseline of services than those that are currently referred to under the Medicare program as “durable medical equipment” or “DME.” CRT is prescribed and customized to meet the specific medical and functional needs of individuals with disabilities and

medical conditions such as, but not limited to, Cerebral Palsy, Muscular Dystrophy, Multiple Sclerosis, Spinal Cord Injury, Amyotrophic Lateral Sclerosis (Lou Gehrig's disease), and Spina Bifida. However, because CRT is currently coupled with the more general DME benefit, these patients face a series of challenges trying to access the appropriate and necessary technologies and services. These challenges include:

- Hindrance of the pairing of an individual's needs to the appropriate products and technology due to coverage policies that are based on diagnosis instead of a person's functional needs;
- Severe limitations on devices to be used outside of the home and in the community, due to Medicare's restrictive interpretation of the "in the home" requirement for DME;
- Threats to access by the inclusion of CRT products in Medicare's DME Competitive Bidding program, a program that could threaten patient access to specialized technology.
 - While Group 3 complex rehabilitation wheelchairs were exempted from competitive bidding, other items such as configurable manual wheelchairs, tilt-in-space wheelchairs and custom seating and positioning items are still at risk. Beneficiary access to CRT accessories (such as seat/back cushions, recline/tilt systems, specialty controls, etc.), through a November 2014 CMS final rule 1614-F (Medicare Program; End-Stage Renal Disease Prospective Payment System, Quality Incentive Program, and Durable Medical Equipment, Prosthetics, Orthotics and Supplies) have been restricted.
- Lack of access to local CRT suppliers and long delays for repairs and maintenance for CRT due to insufficient reimbursement for these specialized devices and services; and
- Reductions in coverage for CRT when State Medicaid programs cut DME benefits.

Congress recognized the difference between DME and CRT when it exempted complex rehabilitation wheelchairs from DME competitive bidding in the Medicare Improvements for Patients and Providers Act (MIPPA). CRT was exempted from this program to preserve access to these specialized technologies for a population that is vulnerable and at-risk. Our proposal to create separate recognition under Medicare would build on that Congressional recognition.

The ITEM Coalition urges Congress to establish separate recognition for CRT products and services that accurately reflect the customized nature of the technology and the range of services necessary to meet the unique medical and functional needs of people with disabilities and complex medical conditions.

In order to ensure consumer access to quality CRT, please consider cosponsoring bipartisan companion legislation introduced by Representatives James Sensenbrenner (R-WI) and Joseph Crowley (D-NY) and Senators Thad Cochran (R-MS) and Charles Schumer (D-NY), the Ensuring Access to Quality Complex Rehabilitation Technology Act of 2015 (H.R. 1516 / S. 1013). This legislation amends title XVIII (Medicare) of the Social Security Act to cover, as

medical and other health services, complex rehabilitation technology (CRT) items designed or individually configured for a specific qualified individual to meet that individual's unique:

- (1) medical, physical, or functional needs related to a medical condition; and
- (2) capacities for basic activities of daily living (ADLs) or instrumental ADLs.

This legislation directs the Secretary of Health and Human Services to:

- designate CRT items (excluding adaptive equipment to operate motor vehicles or certain prosthetic devices and orthotics),
- establish eligibility criteria for them
- establish standards for clinical conditions for CRT items payment as well as quality standards for suppliers of such items, and
- establish a formal process to allow submission of CRT code set modification requests by stakeholder groups for comprehensive coding changes.

This legislation also prescribes requirements for payments for CRT items and requires payment for replacement of a CRT item (or any part of one), without regard to certain continuous use or useful lifetime restrictions established for items of durable medical equipment, if a qualified ordering practitioner determines that a replacement item (or part) is necessary.

To cosponsor the Ensuring Access to Quality Complex Rehabilitation Technology Act of 2015 (H.R. 1516), please contact Amy Bos in Representative Sensenbrenner's office at amy.bos@mail.house.gov or Nicole Cohen in Representative Crowley's office at nicole.cohen@mail.house.gov.

To cosponsor the Ensuring Access to Quality Complex Rehabilitation Technology Act of 2015 (S. 1013), please contact Constance Payne in Senator Cochran's office at constance_payne@cochran.senate.gov or Veronica Duron in Senator Schumer's office at veronica_duron@schumer.senate.gov.

The ITEM Coalition is a national consumer and clinician-led coalition advocating for access to and coverage of assistive devices and technologies for persons of all ages with injuries, illnesses, disabilities and chronic conditions. Our members represent individuals with a wide range of disabling conditions, as well as the providers who serve them, including such conditions as multiple sclerosis, paralysis, hearing and speech impairments, cerebral palsy, visual impairments, spinal cord injuries, brain injury, stroke, spina bifida, myositis, limb loss, Osteogenesis Imperfecta ("OI"), and other life-altering conditions. For more information on ITEM Coalition, please contact the ITEM Steering Committee (listed below) or Sara Rosta, ITEM Coalition Coordinator, at (202) 466-6550 or Sara.Rosta@ppsv.com.

Sincerely,

ITEM Coalition Steering Committee Members

Mark Richert, American Foundation for the Blind (MRichert@afb.net)

Lisa Satterfield, American Speech-Language-Hearing Association (LSatterfield@asha.org)

Laura Weidner, National Multiple Sclerosis Society (Laura.Weidner@nmss.org)

Lee Page, Paralyzed Veterans of America (LeeP@pva.org)

Alexandra Bennewith, United Spinal Association (ABennewith@unitedspinal.org)

ITEM Coalition Member Organizations

Adapted Physical Activities Council
Advanced Medical Technology Association
Alexander Graham Bell Association for the Deaf and Hard of Hearing
AlphaOne
American Academy of Audiology
American Academy of Neurology
American Academy of Physical Medicine and Rehab
American Academy of Physician Assistants
American Association for Homecare
American Association of People with Disabilities
American Association on Health and Disability
ACCSES
American Congress of Rehabilitation Medicine
American Cochlear Implant Alliance
American Diabetes Association
American Foundation for the Blind
American Medical Rehabilitation Providers Association
American Music Therapy Association
American Network of Community Options and Resources
American Physical Therapy Association
American Speech-Language-Hearing Association
American Therapeutic Recreation Association
Amputee Coalition of America
Assistive Technology Industry Association
Association for Education and Rehabilitation of the Blind and Visually Impaired
Association for Persons in Supported Employment
Association of Assistive Technology Act Programs
Association of Rehabilitation Nurses
Association of University Centers on Disabilities

Blinded Veterans Association
Brain Injury Association of America
Center for Disability Issue and Health Professions
Center for Independent Living
Center for Medicare Advocacy
Christopher and Dana Reeve Foundation
Clinician Task Force
Council of Citizens with Low Vision International
Council of State Administrators of Vocational Rehab
Easter Seals
Epilepsy Foundation
Families USA
Goodwill Industries International
Hearing Loss Association of America
Helen Keller National Center
Helen Keller Services for the Blind
Inclusion Research Institute
Institute for Matching Person & Technology
Independent Living Research Utilization
Lakeshore Foundation
Medicare Rights Center
Miami Project to Cure Paralysis
Myositis Association
National Association for Homecare and Hospice
National Association for the Advancement of Orthotics and Prosthetics
National Association of Councils on Developmental Disabilities
National Association of State Head Injury Administrators
National Coalition for Assistive and Rehab Technology
National Disability Rights Network
National Association of Rehabilitation Research Training Centers
National Campaign for Hearing Health (Deafness Research Foundation)
National Council on Independent Living
National Family Caregivers Association
National Industries for the Blind
National Multiple Sclerosis Society
National Organization on Disability
National Rehabilitation Hospital
National Respite Coalition
National Stroke Association
NISH
Paralyzed Veterans of America
Rehabilitation Engineering and Assistive Technology Society of North America
Spina Bifida Association of America
TASH
The Arc of the United States
Unite 2 Fight Paralysis

United Cerebral Palsy Association
University of Pittsburgh School of Health and Rehab Sciences
United Spinal Association

Cc:

Senator Charles Schumer
Senator Thad Cochran
Representative Joseph Crowley
Representative Jim Sensenbrenner