



June 23, 2015

SUBMITTED ELECTRONICALLY

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

RE: Support for the Patient Access to Disposable Medical Technology Act of 2015 (S.1253)

Dear Chairman Hatch and Ranking Member Wyden:

The Independence Through Enhancement of Medicare and Medicaid (ITEM) Coalition writes in support of S.1253, *the Patient Access to Disposable Medical Technology Act of 2015*. We wish to thank you for considering S.1253 during the open executive session of the Senate Finance Committee scheduled for Wednesday, June 24 at 10am in 215 Dirksen. We strongly encourage you to advance this legislation out of committee and pass S.1253 in the Senate.

The ITEM Coalition is a national consumer and clinician-led coalition advocating for access to and coverage of assistive devices and technologies for persons with injuries, illnesses, disabilities and chronic conditions of all ages. 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, spinal cord injury, visual impairments, hearing and speech impairments, limb loss, brain injury, stroke, cerebral palsy, spina bifida, myositis, osteogenesis imperfecta, and other life-altering conditions.

S.1253 is bipartisan durable medical equipment (DME) legislation, which amends title XVIII (Medicare) of the Social Security Act to cover disposable medical technology in lieu of benefits traditionally described as “durable medical equipment.” This legislation was introduced by Senators Burr (R-NC) and Bennet (D-CO) this spring and is identical to its House counterpart, H.R. 1018.

As medicine advances and innovation occurs in the treatment of injuries, illnesses, disabilities, and chronic conditions, Medicare beneficiaries are losing access to disposable forms of devices and treatments that traditionally have been covered under the DME benefit. The Medicare program does not recognize the value of disposable technologies in the home because of a

conflict with the decades-old definition of DME, which requires longer term durability of the products at issue. These include all sorts of devices and treatments including wound care that is used to treat decubitus ulcers incurred by long-term wheelchair users and others who are non-ambulatory.

These modern, disposable items are commonly covered by private payers, as they are easier to use, less expensive, and provide good outcomes. We therefore urge you to advance S.1253 in order to ensure patients have access to disposable medical technologies that would otherwise be covered as DME, but for the fact that, due to advances in medical technology and treatment, they may no longer be considered “durable.” As such, we do not view this as an expansion of the DME benefit, but rather, a protection against erosion of what was always intended to be covered under the Medicare DME benefit.

Thank you for your consideration of our views and we look forward to working with you and your staff to further legislation that will allow for coverage of disposable medical technology under the Medicare DME benefit. Should you have further questions, please contact the ITEM Coalition Steering Committee, listed below, or Sara Rosta, ITEM Coalition coordinator, via email at Sara.Rosta@ppsv.com or by calling 202-466-6550.

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)