



December 6, 2016

Re: Support for Select Provisions of 21st Century Cures Act

Dear Senator:

The undersigned members of the Independence through Enhancement of Medicare and Medicaid (“ITEM”) Coalition Steering Committee write to endorse select provisions in the “21st Century Cures Act” passed by the House on November 30, 2016, and currently under your consideration in the Senate, which address important access to care issues and protections for Medicare beneficiaries with mobility impairments.

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, paralysis, hearing and speech impairments, cerebral palsy, visual impairments, spinal cord injuries, brain injuries, stroke, spina bifida, myositis, limb loss, Osteogenesis Imperfecta (“OI”), and other life-altering conditions.

Given the ITEM Coalition’s membership and mission, legislation that seeks to improve access to care and Medicare beneficiary protections is a high priority. Select provisions contained in the 21st Century Cures Act bill help address several of those priorities. Those priorities and provisions include complex rehabilitation technology (CRT) wheelchairs, accessories, and components in Section 16005, relief for rural providers of durable medical equipment in Section 16007, competitive bidding programs in Section 16008, and Medicare local coverage determinations in Section 4009.

Section 16005 delays the implementation of Medicare fee schedule adjustments for wheelchair accessories and seating systems used in conjunction with power CRT wheelchairs through July 1, 2017. We are grateful for this delay, which will allow us to continue working with you to find a permanent exemption of both power and manual CRT wheelchairs and related accessories from Medicare’s Competitive Bidding pricing so that people with disabilities can access the wheelchairs and fundamental components such as tilt-and-recline systems and specialized seat cushions that keep them healthy and independent.

Section 16007 retroactively extends the transition period for the second part of the bidding-derived cuts from June 30, 2016 to December 31, 2016, allowing providers of durable medical equipment an additional six months to recoup the costs of providing important durable medical equipment to Medicare beneficiaries. This important provision provides an interim period of

relief that will help durable medical equipment providers in rural areas continue to serve their communities while a more comprehensive and long-term solution to address the appropriate reimbursement for durable medical equipment is sought. We are also grateful for the study that Section 16007 requires, which will help quantify the impact of durable medical equipment policies on providers of these vital patient devices.

Section 16008 includes language that will help enhance access to care for Medicare beneficiaries. It directs the Secretary of Health and Human Services to take into account, when determining adjustments in the use of competitively bid prices in durable medical equipment (DME), the average travel time and cost associated with furnishing items as well as the resulting number of suppliers in the area. This language will help ensure that suppliers of medical equipment are able to provide the items that patients need, and we thank the House and Senate for including it in the bill.

Finally, Section 4009 helps ensure basic procedural fairness in Local Coverage Determinations (LCDs), and thereby provides an important Medicare beneficiary protection that is often lacking in the development of local coverage decisions. This section begins to address this complex problem, which has meant that millions of Medicare beneficiaries have been left without a voice in the determination of what innovative health care services are offered in their region.

We appreciate the Congress's efforts to address these priorities through the 21st Century Cures Act, and thank the Members of Congress for their attention to them. We look forward to continuing to work with Congress and the Administration to develop permanent, comprehensive solutions to these challenges going forward.

We are available for any questions that you might have. To contact the ITEM Coalition, please contact the ITEM Coalition coordinators, Peter Thomas, at Peter.Thomas@PowersLaw.com or Leif Brierley at Leif.Brierley@PowersLaw.com, or by calling 202-466-6550.

Sincerely,

ITEM Coalition Steering Committee

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