



The Honorable Kevin Brady (TX-8)
U.S. House of Representatives
Chair, Ways and Means Committee
Washington, D.C. 20515

The Honorable Richard Neal (MA-1)
U.S. House of Representatives
Ranking Member, Ways and Means Committee
Washington, D.C. 20515

The Honorable Greg Walden (OR-2)
U.S. House of Representatives
Chair, Energy & Commerce Committee
Washington, D.C. 20515

The Honorable Frank Pallone (NJ-6)
U.S. House of Representatives
Ranking Member, Energy & Commerce Committee
Washington, D.C. 20515

September 21, 2018

Re: Please Pass Legislation to Restore Access to Manual CRT Wheelchair Accessories

Dear Chairman Brady, Ranking Member Neal, Chairman Walden, and Ranking Member Pallone:

The undersigned members of the Independence Through Enhancement of Medicare and Medicaid (ITEM) Coalition Steering Committee **respectfully request that you pass H.R. 3730**. This bipartisan legislation from Representatives Lee Zeldin (R-NY) and John Larson (D-CT) permanently exempts manual Complex Rehab Technology (CRT) wheelchair accessories and components for people with disabilities and chronic conditions from Medicare's Competitive Bid Program (CBP). This important legislation will protect Medicare beneficiary access to manual complex rehab technology, as well as essential components known as wheelchair "accessories."

Last year, on June 23, 2017, the Centers for Medicare and Medicaid Services (CMS) [announced](#) it will not be applying Medicare CBP reimbursement levels to CRT Group 3 *power* wheelchair accessories. This policy change averts significant cuts that were scheduled to go into effect July 1, 2017 and avoids drastic reductions in access to this specialized mobility technology for Medicare beneficiaries with significant disabilities. The ITEM Coalition is grateful to CMS and the Members of Congress that supported this important action.

Unfortunately, CMS did not extend the new rule to CRT *manual* wheelchairs, making a legislative fix necessary to preserve Medicare beneficiary access to CRT accessories and components in manual wheelchairs. Now, we are asking that you pass H.R. 3730, the important final iteration of the effort begun by H.R. 1361.

Congressional action is urgently needed to permanently help Medicare beneficiaries who are manual CRT wheelchair users obtain medically necessary CRT accessories and components. The decision to not make the same policy change to manual wheelchairs has led to a disparity in access. This disparity adversely impacts Medicare beneficiaries by unfairly penalizing manual

wheelchair users by limiting their access to needed wheelchair accessories and components. The impact of this decision is playing out in real time.

Data from a recent survey of over 400 Medicare supplier locations¹ shows that nearly two-thirds of respondents indicated the reimbursement cuts to manual CRT wheelchair accessories have “significantly reduced our ability to provide the right wheelchair accessories to Medicare beneficiaries who require Complex Rehab Manual Wheelchairs.” A decrease in access to manual CRT wheelchair accessories would be detrimental to many wheelchair users that rely on Medicare to provide these essential components.

As you know, power and manual CRT wheelchairs and CRT accessories or components are essential for a small segment of wheelchair users, about 10 percent of the Medicare population that requires wheeled mobility. This impact beneficiaries with significant disabilities such as ALS, cerebral palsy, multiple sclerosis, muscular dystrophy, spinal cord injury and traumatic brain injury. For these wheelchair users, a wheelchair is not complete, usable, or safe without the appropriate complex rehab technology components included.

To ensure that all CRT wheelchair users, both power and manual, have access to the components they need, we urge you to pass H.R. 3730. We are writing to express our strong support for H.R. 3730 and to emphasize the importance of protecting patient access not just to accessories used with complex rehab *power* wheelchairs, but also to those used on complex rehab *manual* wheelchairs.

Regardless of injury, illness, disability, or chronic condition, all Medicare beneficiaries should be eligible for the same access to medically necessary mobility devices, services, and accessories. Anything less can have serious consequences for beneficiaries. **We urge you to pass H.R. 3730 to ensure that components and accessories used with CRT manual wheelchairs are protected.**

For more information on H.R. 3730, please contact Matt Scott (Matthew.Scott@mail.house.gov) in Representative Zeldin's office or Sylvia Lee (Sylvia.Lee@mail.house.gov) in Representative Larson's office.

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The ITEM Coalition is a national consumer and clinician-led coalition advocating for access to and coverage of assistive devices, technologies, and related services 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 injuries, brain injuries, stroke, paralysis, limb loss, cerebral palsy, hearing and speech impairments, visual impairments, vision loss, spina bifida, myositis, and other life-altering conditions.

¹ “New Medicare CRT Supplier Survey Identifies Major Decrease In Access To Critical Components (Accessories) Used With CRT Manual Wheelchairs,” The National Coalition for Assistive and Rehab Technology (NCART), September 2018. Available online at <http://blog.access2crt.org/congress-needs-to-see-new-data-showing-crt-access-issues/>

We would be happy to meet to discuss this issue further and are available for any questions you may 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 Members

American Foundation for the Blind
Amputee Coalition
Christopher and Dana Reeve Foundation
National Multiple Sclerosis Society
Paralyzed Veterans of America
United Spinal Association