



## **Federal Policy Priorities – 2021**

- 1. Medicare Coverage of Seat Elevation and Standing Systems in Power Wheelchairs**
  - a. Continue Supporting National Coverage Determination Request for Reconsideration through CMS Review Process
  - b. Engage with Congress as Necessary to Support Coverage of These Systems
- 2. Complex Rehabilitation Technology (CRT)**
  - a. Advocate for Legislation to Create a Separate CRT Benefit Category.
    - i. Discuss Alternative Approach for Legislation
  - b. Work with CMS to Permanently Exempt Manual CRT Wheelchair Accessories from Use of Competitive Bidding Rates
- 3. Competitive Bidding & DMEPOS**
  - a. Advocate to Prevent Further Expansion of Competitive Bidding to Ventilators and Orthoses other than Truly Off-the-Shelf (OTS) Orthoses
  - b. Monitor Implementation of Blended Payment Rates to Protect Patient Access to DMEPOS in Rural and Non-Competitive Bidding Areas
  - c. Monitor Patient Access to Oxygen Equipment
- 4. Access to Complex Manual Wheelchairs**
  - a. Addressing Coding Problems and Seek to Preserve Access to Titanium, Bariatric, and Positional Tilt Wheelchairs
- 5. Medicare Coverage of Vision Benefits**
  - a. Continue with Initiative to Improve Vision Care in Medicare through Coverage of Low Vision Aids as DME
  - b. Consider Advocacy for Broader Medicare Vision Benefit
- 6. Accessible Medical Equipment**
  - a. Expand Adoption of Standards for Accessible Medical Equipment, Especially Diagnostic Equipment
  - b. Help Ensure Accessibility for All Populations
- 7. Affordable Care Act**
  - a. Defend Essential Health Benefits, Particularly Rehabilitation and Habilitation Devices Benefit Category, as well as Insurance Provisions
- 8. Orthotics & Prosthetics (O&P) Issues**
  - a. Urge CMS to Re-Examine and Implement BIPA Section 427, including Exemptions for Certain Professionals Providing Custom O&P Care
  - b. Support OTS Orthotics Legislation to Preserve Access to Clinical Orthotic Services (Medicare O&P Patient-Centered Care Act)
- 9. Reform HCPCS Coding System**
  - a. Continue Working to Improve the Coding, Coverage, and Payment Process for DMEPOS
  - b. Work to Ensure Benefit Category Determination Process is Fair and Accountable

**10. Medicaid Coverage of Cochlear Implants (CI)**

- a. Advance Medicaid Coverage of Processors for Cochlear Implants as well as Coverage Policies that Advance Access to CI and Accessories/Supplies

**11. Promote Consideration of Patient Experience and Functional Outcomes in CMS Coverage and Payment Determinations**

**Monitor & Support**

**1. Improve Access to Timely Repairs of DMEPOS**

**2. “Triple A” Study Act**

- a. Monitor Reintroduction of Access to Assistive Devices and Technology for Americans Study Act and Support Passage in 117<sup>th</sup> Congress

**3. Competitive Bidding in Rural Areas**

- a. Monitor Implementation of 50/50 blended payment rates for competitively bid DMEPOS

**4. Over-the-Counter Hearing Devices**

- a. Monitor Development of FDA Regulations Governing Over-the-Counter (OTC) Hearing Aids

**5. MCIT Pathway**

- a. Monitor and Comment on Regulations Defining the Medicare Coverage of Innovative Technology (MCIT) Pathway for Medicare Coverage of FDA-Designated Breakthrough Technologies
- b. Monitor and Comment on Regulations Implementing Definition of “Reasonable and Necessary” for Purposes of Medicare Coverage, Especially Consideration of Private Insurance Policies

**6. Telehealth Expansion**

- a. Monitor Expansion of Telehealth by Federal Payers for Potential Patient Access Concerns