

Congress of the United States
Washington, DC 20515
August 31, 2010

**Maintain Access to Medically Necessary Power Wheelchairs
Delay the First Month Purchase Option**

Dear Colleague,

We urge you to join us in requesting a one-year delay of the provision in the Affordable Care Act (ACA), which repeals the *first month purchase option* on January 1, 2011, to preserve access for wheelchair users under Medicare while maintaining the budgetary savings under the provision.

Currently the Medicare program allows beneficiaries a choice as to whether they want to purchase the power wheelchair that is right for their size, disability, functional level and home situation, or if they want to rent it. Over 95 percent of beneficiaries choose the *first month purchase option* because their disability often involves a chronic, long-term condition and they require use of a power wheelchair to remain active and independent in their homes and communities.

The ACA repeals the *first month purchase option* and requires a mandatory 13-month rental, regardless of the acuity of the condition or long-term need of the patient. Unfortunately, power wheelchair providers do not have the capital or lines of credit in the current economy to bear the burden of paying the up-front costs to procure the appropriate wheelchairs from the manufacturers. Without a one-year delay, this policy will create significant access and quality-of-care issues as providers of this equipment either struggle to make the significant changes to their business model to adapt to a new payment model that has the costs front-loaded with reimbursements from Medicare spread over 13 months – or simply go out of business.

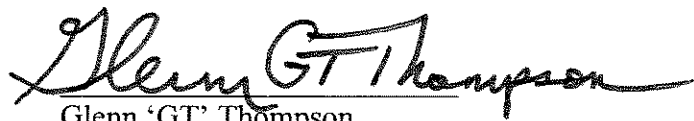
A one-year delay of this provision will allow providers of power wheelchairs more time to implement this significant policy change. This can be done in a completely budget neutral manner by reducing the Medicare consumer price index update to standard power wheelchairs by 1 percent, a far more appealing and feasible option for wheelchair providers and the beneficiaries they serve.

Please join us in requesting this delay to maintain access to medically necessary power wheelchairs by September 17, 2010. If you have any questions or would like to join as a co-signer, please contact Todd Adams (todd.adams@mail.house.gov) in Rep. Langevin's office at 5.2735 or Matthew Brennan (matthew.brennan@mail.house.gov) in Rep. Thompson's office at 5.5121.

Sincerely,



Jim Langevin
Member of Congress



Glenn 'GT' Thompson
Member of Congress

September 17, 2010

The Honorable Henry Waxman
Chairman
House Committee on Energy and Commerce
2204 Rayburn House Office Building
Washington, DC 20515

The Honorable Sander M. Levin
Acting Chairman
House Committee on Ways and Means
1236 Longworth House Office Building
Washington, DC 20515

The Honorable Joe Barton
Ranking Member
House Committee on Energy and Commerce
2109 Rayburn House Office Building
Washington, DC 20515

The Honorable Dave Camp
Ranking Member
House Committee on Ways and Means
341 Cannon House Office Building
Washington, DC 20515

Dear Chairman Waxman, Ranking Member Barton, Chairman Levin, Ranking Member Camp;

We are writing to express our strong support for delaying implementation of Section 3136 of the Affordable Care Act (ACA) by one year in a budget neutral manner. This provision is currently scheduled to eliminate the beneficiary *first-month purchase option* for standard power wheelchairs on January 1, 2011.

Delaying implementation of this provision for one year will give power wheelchair providers a much-needed transition period to secure additional financing and adjust their business models so that consumers will not see interruptions or reductions in access to services. The Congressional Budget Office (CBO) estimates that a one year delay would cost less than \$50 million, which could be offset with a one percent reduction to the Medicare consumer price index update to standard power wheelchairs.

Providers of mobility products are reliant on timely payment from Medicare to provide costly products, such as power wheelchairs, to Medicare beneficiaries. CMS and industry partners and advocates report that more than 95 percent of Medicare beneficiaries elect to purchase a power wheelchair prescribed by their physician because they suffer from chronic, debilitating conditions and require it for long-term use. Providers unable to secure financing and prepare for this substantial change in reimbursement policy will be unable to continue to provide power wheelchairs, resulting in a loss of jobs, economic revenue, and beneficiary access to a physician-prescribed power wheelchair.

The cost of a power wheelchair can be several thousand dollars and manufacturers require payment shortly after the time of purchase by the provider. Establishing a mandatory rental model, by eliminating the first-month purchase option, can only be accomplished over time and with financing available to purchase power wheelchairs in a manner that will not result in negative cash flow. Companies currently do not have the extensive capital or lines of credit necessary to purchase these items and wait 13 months to receive full payment. With the credit markets still tight, lenders are unwilling to extend financing options to power wheelchair providers, which is necessary in order for them to transition to the new rental requirement.

Furnishing power wheelchairs to Medicare beneficiaries saves the program millions of dollars a year by allowing vulnerable beneficiaries to remain safe and independent in their homes and communities. Without access to power wheelchairs, thousands of beneficiaries would face additional hospitalizations, home health visits and other clinical services due to falls or other injuries that occur because of compromised mobility. In addition, power wheelchairs often postpone or alleviate the need to place an individual in a long term care facility.

We respectfully request a delay of one year to the implementation of Section 3136, in order to allow providers of power wheelchairs more time to secure credit and prepare for the implementation of this significant policy change. We look forward to working with you, medical device providers and members of the disability community to ensure that this policy is implemented in a budget-neutral manner.

Sincerely,

Jim Langevin
Member of Congress

Glenn 'GT' Thompson
Member of Congress

Supportive Organizations:

American Association for Homecare (AA Homecare)
American Association of People with Disabilities (AAPD)
Association of Programs for Rural Independent Living (APRIL)
National Council on Independent Living (NCIL)
National Spinal Cord Injury Association (NSCIA)
United Spinal Association