



September 13, 2010

The Honorable Max Baucus, Chairman
The Honorable Charles Grassley, Ranking Member
Senate Finance Committee
219 Dirksen Senate Office Building
Washington, DC 20510

RE: Amend Section 3136 of the Patient Protection and Affordable Care Act (PPACA) to restore the right of a “first month purchase option”

Dear Senators:

On behalf of the Paralyzed Veterans of America, I ask that you amend Section 3136 of the Patient Protection and Affordable Care Act, to restore the “first month purchase option” of mobility devices for Medicare beneficiaries who are certified by a physician of need of such device for more than 13 months.

The Paralyzed Veterans of America (PVA) established in 1947, is a Congressionally Chartered non- profit veterans service organization dedicated to meeting the needs of its members; veterans who have sustained a spinal cord injury or dysfunction .

Currently the Medicare program allows individuals 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. As you know, over 90% of beneficiaries choose to purchase the power wheelchair because they have chronic, long term conditions and require the wheelchair to remain active and independent in their homes and communities.

The new healthcare law eliminates this choice for all beneficiaries, a policy that PVA is concerned about because it does not include an exception for those beneficiaries able to obtain certification from a physician asserting that their condition / disability will need the device for more than 13-months. We recommend Congress amend this policy to include such an exception. Beneficiaries who need a mobility device for long term / chronic conditions or a permanent disability should have the right to purchase their power mobility device up front so it can be

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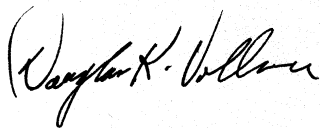
customized to meet their specific functional needs. Without that option, suppliers are more likely not to provide what the beneficiary needs thus putting them at risk of exacerbating their condition by incurring secondary conditions.

The elimination of the choice to purchase mobility devices up front will incentivize suppliers to stock their shops with cheaper, standardized power devices, rather than the devices which suppliers can customize to meet the individual's needs. Those beneficiaries with more intensive needs will lose in this scenario, as the market for these devices responds to policies that cater to those with less intensive short term needs.

Medicare can rectify this policy and serve both patient populations that need only temporary, standard devices and those that need long-term, customized devices. Congress should restore the choice to purchase mobility devices up front to beneficiaries with a physician's statement verifying a need for the device beyond the 13-month threshold. For those that need the device for a shorter period than 13 months, Medicare can retain the rent-only option. In this way, Congress can address both the beneficiary's potential need for a long-term solution and Medicare's need to save on cost.

Absent a change or delay I am concerned the outcome of implementing this policy on January 1, 2011 will create significant access and quality of care issues as providers struggle to adapt to a business model that has the costs front loaded but the payments from Medicare spread over 13 months.

Sincerely,

A handwritten signature in black ink, appearing to read "Douglas K. Vollmer". The signature is written in a cursive style with a large initial 'D' and 'V'.

Douglas K. Vollmer
Associate Executive Director for
Government Relations