



**CONSORTIUM FOR CITIZENS
WITH DISABILITIES**

August 18, 2016

The Honorable Orrin Hatch (UT)
U.S. Senate
Chair, Finance Committee
Washington, D.C. 20510

The Honorable Ron Wyden (OR)
U.S. Senate
Ranking Member, Finance Committee
Washington, D.C. 20510

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

The Honorable Sander Levin (MI-9)
U.S. House of Representatives
Ranking Member, Ways and Means Committee
Washington, D.C. 20515

The Honorable Fred Upton (MI-6)
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

**Re: Urge passage of S. 2196/H.R. 3229 by year's end to protect Complex
Rehabilitation Technology Accessories for People with Disabilities**

Dear Senators Hatch and Wyden and Representatives Brady, Upton, Levin and Pallone:

The undersigned member organizations of the Consortium for Citizens with Disabilities write to urge passage of S. 2196/H.R. 3229 by year's end in order to protect Complex Rehabilitation Technology and its essential components (coined "accessories") for people with significant disabilities.

The Consortium for Citizens with Disabilities (CCD) is a coalition of more than 100 national disability organizations working together to advocate for national public policy that ensures the self-determination, independence, empowerment, integration and inclusion of children and adults with disabilities in all aspects of society.

Complex Rehabilitation Technology (CRT) are medically necessary, individually configured products such as manual and power wheelchairs, adaptive seating systems and alternative positioning systems that keep people with significant disabilities such as Amyotrophic Lateral Sclerosis (ALS), spinal cord injury, multiple sclerosis (MS) and muscular dystrophy healthy and independent. CRT accounts for less than ten percent of Medicare's wheelchair expenditures. For this small population with such progressed disability, these products cannot

be utilized and are not beneficial unless they have essential components—coined “accessories”—such as head support systems, specialized seat cushions, sip and puff interfaces or tilt-and-recline features. As an example, someone with progressed multiple sclerosis who has lost feeling and function below the neck literally could not operate/move a CRT chair unless s/he has a head control interface. Similarly, that same individual could not safely remain in the chair within a trunk support system and would experience painful and costly pressure sores without a specialized seat cushion and a tilt-and-recline feature.

In 2008, Congress passed the Medicare Improvements for Patients and Providers Act (MIPAA) and in doing so, specifically exempted complex power wheelchairs and accessories from Medicare’s Competitive Bidding Program. Congressional language in 2008 was limited to CRT power wheelchairs and accessories (and did not reference manual wheelchairs) since only power wheelchairs were included in Competitive Bidding at that time. Congress’s rationale for exempting these products was that individually configured CRT is used by a very small percentage of the population—but quite a vulnerable population whose access should not be disrupted. CRT is not suitable for inclusion in Competitive Bidding.

In late 2015, the Centers for Medicare and Medicare Services (CMS) announced that it planned to apply Competitive Bidding pricing to Complex Rehab accessories starting January 1, 2016. Fortunately, hearing consumers’ severe concerns about how Competitive Bidding pricing would negatively impact access to CRT accessories, Congress enacted a one-year delay—prohibiting CMS from applying Competitive Bidding pricing to power wheelchair accessories through December 31, 2016.

The disability community is grateful for this delay but urges Congress to pass the permanent solution contained in S. 2196/H.R. 3229 by year’s end—this will allow people with significant disabilities to have the access they *need* to CRT power and manual wheelchair accessories. From the consumer perspective, it is essential that both CRT power and manual accessories are exempted from Competitive Bidding. We believe this is in line with the congressional intent of MIPAA and that MIPAA only excluded CRT power accessories because CRT manual products were not being competitively bid at that time. Moreover, consumers with disabilities should not face discrimination or disparate treatment when it comes to access to needed accessories simply because they need either a power or a manual wheelchair.

Furthermore, the disability community believes that the June 2016 Government Accountability Office (GAO) report “Utilization and Expenditures for Complex Wheelchair Accessories”¹ supports this notion and passage of S. 2196/H.R. 3229. Specifically, the GAO report states that:

- Congress passed legislation in 2008, the Medicare Improvements for Patients and Providers Act, which excluded CRT power wheelchairs and accessories from the CBP;
- CRT refers to both CRT power and CRT manual wheelchairs which vary greatly and differ regarding functional capacity depending on which components are added; and
- CRT wheelchairs and accessories are different from standard wheelchairs.

¹ GAO-16-640R Medicare

As of late July 2016, S. 2196 has 24 bipartisan cosponsors—including 8 on the Finance Committee—and H.R. 3229 has 135 bipartisan cosponsors—including 19 on the Ways and Means and 16 on the Energy and Commerce Committees. This legislation is strongly supported in the Congress and is the necessary step to ensure that people with significant disabilities have access to the CRT power and manual wheelchair essential components or “accessories” they need to remain healthy and independent.

Sincerely,

ACCSES

American Academy of Physical Medicine and Rehabilitation (AAPM&R)

American Association on Health and Disability

American Congress of Rehabilitation Medicine (ACRM)

American Medical Rehabilitation Providers Association (AMRPA)

American Occupational Therapy Association

American Therapeutic Recreation Association (ATRA)

Association of University Centers on Disabilities

Association of Assistive Technology Act Programs (ATAP)

Brain Injury Association of America (BIA)

Christopher & Dana Reeve Foundation

Disability Rights Education & Defense Fund

Easter Seals

Family Voices

Lutheran Services in America Disability Network

National Association for the Advancement of Orthotics & Prosthetics (NAAOP)

National Association of State Directors of Special Education

National Association of State Head Injury Administrators

National Council on Independent Living (NCIL)

National Disability Rights Network

National Multiple Sclerosis Society

National Respite Coalition

Paralyzed Veterans of America (PVA)

RESNA

The Arc of the United States

United Spinal Association