



June 21, 2019

SUBMITTED ELECTRONICALLY

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

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

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

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

Re: Support Legislation to Differentiate CRT as a Separate Medicare Benefit Category

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

The undersigned members of the Independence Through Enhancement of Medicare and Medicaid (ITEM) Coalition **urge you to support and pass H.R. 2408, the Ensuring Access to Quality Complex Rehabilitation Technology Act**. This bipartisan legislation sponsored by Representatives James Sensenbrenner (R-WI) and Brian Higgins (D-NY) helps ensure that Medicare beneficiaries with long-term or permanent mobility impairments will have access to the high-quality complex rehabilitation technology (“CRT”) they need to maintain their health, function, and live a more independent life. More specifically, the bill creates a separate Medicare benefit category for CRT within the existing Medicare program to allow CRT to be distinguished from standard DME items such as commodes, hospital beds, and basic wheelchairs for those with short-term needs.

The DME benefit was created over 50 years ago to address the medical equipment needs of Medicare beneficiaries outside of the hospital, i.e., in their homes. Over time, technology has advanced to include such devices as highly configurable manual wheelchairs, complex power wheelchairs, adaptive seating and positioning systems, and other specialized equipment, such as standing frames and gait trainers. This technology – clinically referred to as “CRT” – is prescribed and individually configured to meet the specific medical and functional needs of individuals with disabilities and chronic medical conditions. It is estimated that approximately ten percent (10%) of the Medicare mobility impaired population requires CRT. These highly specialized medical devices and services are unique and significantly different from standard DME, but are not treated as such within the current DME benefit category.

Without a separate and distinct benefit category for CRT, access is threatened because of its inclusion in Medicare's outdated DME coverage and classification system. Current Medicare policies do not adequately address the unique needs of individuals with disabilities, fail to acknowledge the full range of services furnished by CRT suppliers, and are not sensitive to the complexity and unique nature of CRT itself. The implications of continuing to include CRT within the traditional DME benefit category are serious. CRT will continue to be regulated as traditional DME, which disadvantages beneficiaries in accessing this specialized care. Choice of medical device will continue to be limited and critical services will be further curtailed. A full range of services may become unavailable to the individual with a disability, jeopardizing access to the most appropriate equipment and medically necessary supportive services.

A separate benefit category for CRT must be established within the Medicare program to protect individual access to these critical technologies and related services for people with disabilities and chronic conditions. A separate CRT benefit category will allow for needed improvements in coverage policies, coding, and quality standards to better address the needs of people with long-term or permanent mobility impairment who rely on these specialized medical devices to manage their medical needs, minimize their health care costs, and maximize their function and independence. Because CRT is already covered by the Medicare program, we do not believe this bill will cost significantly more than the Medicare program already spends with respect to this benefit.

We therefore write to express our strong support for this legislation and to urge Congress to support the Ensuring Access to Quality Complex Rehabilitation Technology Act of 2019 (H.R. 2408) to establish a separate benefit category for CRT devices and related services within the Medicare program, and to make other associated changes to the mobility device benefit.

For more information on H.R. 2408, and to cosponsor this important legislation, please contact Ben Steinhafel (Ben.Steinhafel@mail.house.gov) in Representative Sensenbrenner's office or Jessica Burnell (Jessica.Burnell@mail.house.gov) in Representative Higgins' office.

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.

We greatly appreciate your attention to this important issue. Should you have any further questions regarding the information contained in our letter, please contact the ITEM Coalition Coordinator, Peter Thomas, at Peter.Thomas@PowersLaw.com or call 202-872-6730.

Sincerely,

ITEM Coalition Steering Committee Members

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

ITEM Coalition Signatories

ACCSES
American Academy of Physical Medicine and Rehabilitation
American Association on Health and Disability
American Cochlear Implant Alliance
American Congress of Rehabilitation Medicine
American Medical Rehabilitation Providers Association
American Occupational Therapy Association
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National Association for the Support of Long Term Care
National Coalition for Assistive and Rehab Technology
National Council on Independent Living
National Registry of Rehabilitation Technology Suppliers
Rehabilitation Engineering and Assistive Technology Society of North America
Spina Bifida Association of America
The ALS Association
The Arc of the United States
The Simon Foundation for Continence

cc:

The Honorable James Sensenbrenner (R-WI)
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Brian Higgins (D-NY)
U.S. House of Representatives
Washington, D.C. 20515



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

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

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

The undersigned members of the Independence Through Enhancement of Medicare and Medicaid (ITEM) Coalition **urge you to pass H.R. 2293, the Protecting Access to Wheelchairs Act**. This bipartisan legislation sponsored by Representatives John Larson (D-CT) and Lee Zeldin (R-NY) permanently exempts manual Complex Rehabilitation 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.” This bill garnered strong bipartisan support in both the House and Senate in 2018, and in fact, passed the House before Congress adjourned without the Senate considering the bill. We urge you to pass this critical legislation in the 116th Congress to ensure Medicare beneficiary access to manual CRT wheelchairs and accessories.

On June 23, 2017, the Centers for Medicare and Medicaid Services (CMS) [announced](#) a policy clarification that it would not apply competitively-bid reimbursement levels to CRT Group 3 *power* wheelchair accessories. This policy averted significant cuts that were scheduled to go into effect July 1, 2017, and avoided drastic reductions in access to this specialized mobility technology for Medicare beneficiaries with significant, long-term, mobility impairments. The ITEM Coalition is grateful to CMS and the Members of Congress that supported this action.

Unfortunately, CMS did not extend this new rule to CRT *manual* wheelchairs, making a legislative fix necessary to preserve beneficiary access to these critical CRT accessories and components in manual wheelchairs. Now, we are asking you to pass H.R. 2293, which would address this policy imbalance.

Congressional action is urgently needed to permanently help Medicare beneficiaries who are manual CRT wheelchair users to obtain medically necessary CRT accessories and components. The decision by CMS to not extend CRT patient protections to manual CRT wheelchairs and accessories has led to a significant disparity in access. This adversely impacts Medicare beneficiaries with mobility impairments by unfairly penalizing manual CRT wheelchair users, limiting their access to essential wheelchair accessories and components. The impact of this decision is apparently 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 [their] 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.

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. 2293. We are writing to express our strong support for this legislation and to emphasize the importance of protecting patient access not just to accessories used with complex rehab *power* wheelchairs, but also to those used with complex rehab *manual* wheelchairs. Passage of H.R. 2293 is supported by a wide range of consumer and provider organizations, including the undersigned members of the ITEM Coalition.

Regardless of injury, illness, disability, or chronic condition, all Medicare beneficiaries with mobility impairments 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. 2293 to ensure that access to components and accessories used with CRT manual wheelchairs is protected.**

For more information on H.R. 2293, please contact Nancy Powers Perry (Nancy.Perry@mail.house.gov) in Representative Larson’s office or Sarah Talmage (Sarah.Talmage@mail.house.gov) in Representative Zeldin’s office.

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/>. NCART is an ITEM Coalition member.

We greatly appreciate your attention to this important issue. Should you have any further questions regarding the information contained in our letter, please contact the ITEM Coalition Coordinator, Peter Thomas, at Peter.Thomas@PowersLaw.com or call 202-872-6730.

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National Registry of Rehabilitation Technology Suppliers
Rehabilitation Engineering and Assistive Technology Society of North America
Spina Bifida Association of America
The ALS Association
The Arc of the United States
The Simon Foundation for Continence

cc:

The Honorable John Larson (CT-1)
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Lee Zeldin (NY-1)
U.S. House of Representatives
Washington, D.C. 20515



June 21, 2019

SUBMITTED ELECTRONICALLY

The Honorable Chuck Grassley (IA)
U.S. Senate
Chair, Finance Committee
Washington, D.C. 20002

The Honorable Ron Wyden (OR)
U.S. Senate
Ranking Member, Finance Committee
Washington, D.C. 20002

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

Chairman Grassley and Ranking Member Wyden:

The undersigned members of the Independence Through Enhancement of Medicare and Medicaid (ITEM) Coalition **urge you to pass S. 1223, the Protecting Beneficiary Access to Complex Rehab Technology Act**. This bipartisan legislation sponsored by Senators Bob Casey (D-PA) and Rob Portman (R-OH) permanently exempts manual Complex Rehabilitation 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.” This bill garnered strong bipartisan support in both the House and Senate in 2018, and in fact, passed the House before Congress adjourned without the Senate considering the bill. We urge you to pass this critical legislation in the 116th Congress to ensure Medicare beneficiary access to manual CRT wheelchairs and accessories.

On June 23, 2017, the Centers for Medicare and Medicaid Services (CMS) [announced](#) a policy clarification that it would not apply competitively-bid reimbursement levels to CRT Group 3 *power* wheelchair accessories. This policy averted significant cuts that were scheduled to go into effect July 1, 2017, and avoided drastic reductions in access to this specialized mobility technology for Medicare beneficiaries with significant, long-term mobility impairments. The ITEM Coalition is grateful to CMS and the Members of Congress that supported this action.

Unfortunately, CMS did not extend this new rule to CRT *manual* wheelchairs, making a legislative fix necessary to preserve beneficiary access to these critical CRT accessories and components in manual wheelchairs. Now, we are asking you to pass S. 1223, which would address this policy imbalance.

Congressional action is urgently needed to permanently help Medicare beneficiaries who are manual CRT wheelchair users to obtain medically necessary CRT accessories and components.

The decision by CMS to not extend CRT patient protections to manual CRT wheelchairs and accessories has led to a significant disparity in access. This adversely impacts Medicare beneficiaries with mobility impairments by unfairly penalizing manual CRT wheelchair users, limiting their access to essential wheelchair accessories and components. The impact of this decision is apparently 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 [their] 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.

To ensure that all CRT wheelchair users, both power and manual, have access to the components they need, we urge you to pass S. 1223. We are writing to express our strong support for this legislation and to emphasize the importance of protecting patient access not just to accessories used with complex rehab *power* wheelchairs, but also to those used with complex rehab *manual* wheelchairs. Passage of S. 1223 is supported by a wide range of consumer and provider organizations, including the undersigned members of the ITEM Coalition.

Regardless of injury, illness, disability, or chronic condition, all Medicare beneficiaries with mobility impairments 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 S. 1223 to ensure that access to components and accessories used with CRT manual wheelchairs is protected.**

For more information on S. 1223, please contact Gillian Mueller (Gillian_Mueller@casey.senate.gov) in Senator Casey’s office or Seth Gold (Seth_Gold@portman.senate.gov) in Senator Portman’s office.

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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/>

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The Honorable Bob Casey (PA)
U.S. Senate
Washington, D.C. 20002

The Honorable Rob Portman (OH)
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