



May 5, 2021

**RE: Please Cosponsor H.R. 2461, the Assistive Technology and Devices for Americans Study Act (“Triple A” Study Act)**

Dear Members of Congress:

On behalf of the Disability and Rehabilitation Research Coalition (DRRC), we write to express our support for legislation recently introduced by Reps. G.K. Butterfield (D-NC) and Brett Guthrie (R-KY), the Access to Assistive Technology and Devices for Americans Study Act (the “Triple A” Study Act, H.R. 2461). **We urge you to cosponsor this bipartisan legislation, which would expand the knowledge base around access to assistive technologies and devices (“AT”) and lay the groundwork for improvements in care and policy solutions to support people with limb loss and limb difference.**

The DRRC is a coalition of 25 national non-profit organizations committed to improving the science of disability, independent living, and rehabilitation. The DRRC seeks to maximize the return on the federal investment in disability, independent living, and rehabilitation research and development with the goal of improving the ability of Americans with disabilities to live and function as independently as possible. The coalition represents a variety of patients with disabilities, providers who serve them, and research organizations, including patients and providers dealing with limb loss and limb difference. We applaud the Amputee Coalition, the national association representing people affected by limb loss and a DRRC member, for its leadership on this issue.

Disability researchers and policymakers often face gaps in the knowledge necessary to craft informed, considered policy addressing barriers to accessing and improving care for people with disabilities. The Triple A Study Act would direct the Government Accountability Office (GAO) to craft a report evaluating appropriate coverage and provision of health care services to people with limb loss or limb difference, including information on the following areas:

- Timely access to care, including education for patients regarding their AT options;
- Assessment and guidelines for assistive device determinations;
- Policies for matching specific assistive devices to individual needs;
- Affordability of AT;
- Provision of rehabilitative services to support acclimation to AT; and
- Timelines for assessment of AT and any related surgeries.

The report would also compare data on practices and outcomes relating to coverage of assistive devices across payers including Medicare, the Veterans Health Administration, and the commercial insurance market, allowing for meaningful analysis and “apples to apples” comparisons among different payers. The data contained in this report would provide important

insight on access to assistive technologies and devices, including custom orthoses and prostheses, denial of claims, coding for physician or physical therapy/occupational therapy assessments, the rate of patients returning to work after receiving AT, and AT expenses relative to total spending by individual payers.

This legislation would offer policymakers a valuable tool to evaluate whether further reforms are necessary to ensure that payers are appropriately serving patients in need of assistive technologies and devices.

Enactment of H.R. 2461 would be an important step toward ensuring that all people with limb loss or limb difference are able to access appropriate, safe, medically necessary, and patient-centered care. **On behalf of the disability and rehabilitation research community, we urge you to cosponsor this bipartisan legislation and support its enactment into law.**

For more information on H.R. 2461 or to cosponsor this bipartisan legislation, please contact Caitlin Van Sant ([Caitlin.vansant@mail.house.gov](mailto:Caitlin.vansant@mail.house.gov)) in Rep. Butterfield's office or Sophie Trainor ([Sophie.Trainor@mail.house.gov](mailto:Sophie.Trainor@mail.house.gov)) in Rep. Guthrie's office.

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We greatly appreciate your consideration of this request, and we look forward to working with you to continue to advance federal policy for individuals with disabilities. Should you have any further questions, please contact the DRRC coordinators at [Peter.Thomas@PowersLaw.com](mailto:Peter.Thomas@PowersLaw.com), [Joseph.Nahra@PowersLaw.com](mailto:Joseph.Nahra@PowersLaw.com), and [Bobby.Silverstein@PowersLaw.com](mailto:Bobby.Silverstein@PowersLaw.com) or by phone at 202-466-6550.

Sincerely,

**The Undersigned Members of the Disability and Rehabilitation Research Coalition**

American Academy of Orthotists & Prosthetists  
American Academy of Physical Medicine & Rehabilitation  
American Association on Health and Disability  
American Congress of Rehabilitation Medicine  
American Medical Rehabilitation Providers Association  
American Physical Therapy Association  
American Therapeutic Recreation Association  
Amputee Coalition  
Association of Academic Physiatrists  
Association of Rehabilitation Nurses  
Brain Injury Association of America  
Christopher & Dana Reeve Foundation  
National Association for the Advancement of Orthotics & Prosthetics  
National Association of Rehabilitation Research and Training Centers  
National Association of State Head Injury Administrators  
Paralyzed Veterans of America

Rehabilitation Engineering and Assistive Technology Society of North America  
United Spinal Association