

CRT Stakeholders' Requests to Congress in 2017

Pass Permanent Fixes to Protect Access for People with Disabilities

We need Congress to protect access to Complex Rehab Technology (CRT) for people with disabilities by passing two critical bills in 2017. CRT products include specialized wheelchairs, seating systems, and other adaptive equipment used by people with significant disabilities such as ALS, cerebral palsy, multiple sclerosis, muscular dystrophy, spinal cord injury, and traumatic brain injury. This specialized equipment is specifically configured to meet these individuals' unique medical needs and to maximize their function and independence. It's provided through a clinical team model and requires evaluation, configuration, and fitting. It also must be supported with ongoing modification, maintenance, and repair. Unfortunately, the ability for this small population of people with disabilities to access this specialized technology and supporting services is UNDER ATTACK. Congress must pass two important bills this year:

PRIORITY 1: Cosponsor and Pass H.R.1361/S.486 BEFORE JUNE 30 to Stop Inappropriate Application of Competitive Bid Info to Cut Payments for Complex Rehab Manual and Power Wheelchair Accessories.

ISSUE- Unless Congress acts, CMS plans on using information obtained through the Durable Medical Equipment (DME) competitive bidding program (CBP) and inappropriately applying that to cut payments for accessories used on Complex Rehab wheelchairs on July 1, 2017. Congress has passed temporary delays in 2015 and 2016, but the current delay expires on June 30 so further action is needed. Complex Rehab "accessories" (better referred to as **critical components**) include pressure relieving cushions, positioning supports, tilt/recline systems, and specialty drive controls. CMS' action violates the intent of Congress when it passed the Medicare Improvements for Patients and Providers Act (MIPPA) in 2008 requiring CMS to exempt Complex Rehab power wheelchairs and accessories from the CBP. This inappropriate application would eliminate access as payment rates would drop from 10% to over 40% and the negative impact would extend well beyond Medicare beneficiaries to also hurt people with disabilities in Medicaid and private insurance programs. To provide a permanent fix, legislation has been reintroduced by Representatives Lee Zeldin (R-NY) and John Larson (D-CT) and by Senators Bob Casey (D-PA) and Rob Portman (R-OH). Last session this same legislation ended with strong bipartisan support (146 cosponsors on H.R. 3229 and 25 cosponsors on S. 2196). In addition, over 40 national patient, consumer, and medical professional organizations have communicated their written support.

PRIORITY 2: Cosponsor and Pass H.R. 750 to Establish a Separate Benefit Category for Complex Rehab Technology and Provide Needed Comprehensive Improvements.

ISSUE- The "Ensuring Access to Quality Complex Rehabilitation Technology Act" has been reintroduced by Representatives Jim Sensenbrenner (R-WI) and Joe Crowley (D-NY). Problems continue to grow because these specialized CRT items are grouped within Medicare's "standard" DME category. The bill will create a separate category for CRT within the Medicare benefit just like the one that exists for Orthotics and Prosthetics (custom braces and artificial limbs). It will provide needed coverage, coding, and safeguard improvements focused on the needs of people with disabilities. This is a reintroduction of legislation that finished last session with strong bipartisan support (172 cosponsors on H.R. 1516 and 19 cosponsors on S. 1013). In addition, over 50 national patient, consumer, and medical professional organizations have formally communicated their written support to Congress.

Position papers, educational material, and additional information regarding this legislation and Complex Rehab Technology are available at www.access2crt.org.