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AB 462 Testimony Committee on Health 9/28/2017

Medicare's Durable Medical Equipment (DME) category was created over 50 years ago to address the medical equipment needs of the elderly. An example of covered items are hospital beds, walkers, crutches, canes, and traction devices.

Through the years, the DME program has grown to include Complex Rehab Technology (CRT) and cover more people with significant disabilities such as cerebral palsy, muscular dystrophy, spinal cord injury. ALS (Lou Gehrig's disease), and others.

CRT gives people suffering from these illnesses access to custom made manual and motorized wheel chairs, positioning systems, and other tailor-made devices that allow them to have a much better quality of life. Some people suffering from physical impairments can live at home rather than in an assisted living center, keep a job, and do many other day to day tasks that wouldn't otherwise be possible without having access to the benefits CRT provides.

Besides helping people with disabilities live a fuller life, they help reduce health care costs. They are used to minimize medical complications and treatments by controlling or preventing things like skin pressure sores and orthopedic deteriorations.

This bill was drafted to help ensure those with complex disabilities who rely on and benefit from CRT continue to have access to such life changing technology. AB 462 accomplishes this by recognizing that CRT is different than standard DME and implementing focused policies and safeguards..

Similar federal legislation has been introduced in Congress (the "Ensuring Access to Quality Complex Rehabilitation Technology Act") to establish a separate benefit category for CRT within Medicare. This legislation has strong bipartisan support and is endorsed by over 50 national disability and medical professional organizations.

Passage of AB 462 will establish separate recognition and policies for CRT so that access to these critical products and related services can be protected for people with significant disabilities. Improved policies and stronger provider standards are needed and will result in significant benefits to both the participants with disabilities in the Medicaid Program and to the State.



State of Wisconsin
2017 - 2018 LEGISLATURE

LRBa1257/1
SWB:kjf

ASSEMBLY AMENDMENT 1,
TO ASSEMBLY BILL 462

September 25, 2017 - Offered by Representative JAGLER.

1 At the locations indicated, amend the bill as follows:

2 **1.** Page 2, line 9: after “necessary.” insert ““Complex rehabilitation
3 technology” includes complex rehabilitation manual and power wheelchairs,
4 adaptive seating and positioning items, and other specialized equipment such as
5 standing frames and gait trainers, as well as options and accessories related to any
6 of these items.”.

7 **2.** Page 4, line 4: after that line insert:

8 ✶ “d. A chiropractor licensed under ch. 446.”.

9 **3.** Page 5, line 5: after that line insert:

10 “(c) This subsection is not intended to affect coverage of speech generating
11 devices, including healthcare common procedure coding system codes E2500, E2502,
12 E2504, E2506, E2508, E2510, E2511, E2512, and E2599, under the Medical
13 Assistance program.”.

Wisconsin Association of Health Plans

The Voice of Wisconsin's Community-Based Health Plans

Testimony Presented to the Assembly Committee on Health In Opposition to Assembly Bill 462

September 28, 2017

Chairman Sanfelliop, Ranking Member Kolste—thank you for the opportunity to testify in opposition to Assembly Bill 462.

My name is Tim Lundquist and I am the Director of Government and Public Affairs at the Wisconsin Association of Health Plans. The Association is the voice of 12 Community-Based Health Plans. Our members do business in every county in Wisconsin, providing health insurance coverage to individuals, employers and government programs, including Medicaid and the State Group Health Program.

Every day, Community-Based Health Plans ensure their members have access to the right care at the right time. Association members cover medically appropriate durable medical goods, including complex rehabilitation technology.

Community-Based Health Plans oppose Assembly Bill 462 because:

- **The proposal could make it more difficult for patients to access the care they need.** Assembly Bill 462 requires promulgation of rules that require **every** Medicaid member who needs a wheelchair, power wheelchair, or other seating component, to be evaluated by a doctor or qualified health care professional and by a “qualified complex rehabilitation technology professional.” The bill defines “qualified complex rehabilitation technology professional” as an individual certified as an assistive technology professional by the Rehabilitation Engineering and Assistive Technology Society of North America. How many individuals in Wisconsin hold this certification? How many in Franklin? Or in Kewaskum? Or in Chippewa Falls? Why is this requirement necessary?
- **The proposal could also limit availability of certain medical goods.** Assembly Bill 462 requires promulgation of rules that establish specific supplier standards for companies that provide complex rehabilitation technology and limit reimbursement only to suppliers that meet these yet-to-be-drafted standards. Managed care plans today do not report difficulties in obtaining this type of equipment for their members. Will this requirement limit access?

We encourage members of the committee to reject the bill.

Community-Based Health Plans believe Assembly Bill 462 has the potential to create more problems than it solves, likely impeding timely access to medically appropriate equipment.

Thank you again for the opportunity to testify.



**WISCONSIN SPEECH-LANGUAGE PATHOLOGY
and AUDIOLOGY ASSOCIATION**

563 Carter Court, Suite B | Kimberly, WI 54136 | 920-560-5642 | 920-882-3655 FAX

Date: September 28, 2017
To: Members of the Assembly Committee on Health
From: WI Speech-Language Pathology & Audiology Association (WSHA)
Re: Assembly Amendment 1 to Assembly Bill 462

The Wisconsin Speech-Language Pathology & Audiology Association requests your support of Assembly Amendment 1 to Assembly Bill 462. The amendment will make clear that Assembly Bill 462 will not impact access to augmentative communication devices (e.g. speech-generating devices) and services provided by speech-language pathologists.

WSHA believes the bill was never intended to impact SGDs or Speech-Language Pathologists and appreciates Representative Jagler's and Senator Vukmir's responsiveness to our concerns and their support for Assembly Amendment 1.

Contact: Ramie Zelenkova, Hubbard Wilson & Zelenkova
608-255-0566, ext 228
rzelenkova@hwz-gov.com

September 28, 2017

sales 800.564.9248
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comfortcompany.com

Dear Assembly Health Committee Members,

I would like to thank you for the opportunity to be here today. My name is Torger Sikveland, I am the Government and Industry Affairs Manager for Comfort Company, a company based in New Berlin. I am here today to speak in support of the passage of Assembly Bill 462.

Comfort Company manufactures seating and postural support systems, designed for people with a wide range of rehabilitation needs. Whether those needs are pediatric, adult, geriatric, and bariatric. At our facility in New Berlin, we employ 152 people with jobs ranging from packing/receiving to engineering. We also rely on numerous outside companies to supply needed raw materials and to ship finished goods to both domestic and worldwide markets. We provide specialized equipment that is used by thousands of people here in Wisconsin and across the country.

As mentioned, we support passage of Assembly Bill 462 that would further protect these products, which are included in a category called Complex Rehab Technology (CRT). Our products are vitally important to the population of Wisconsinites that rely on them to live full productive lives. While CRT users may make up a statistically small portion of our country's population, the importance of these products to the user is immeasurable. Without proper equipment, many of these users would be essentially isolated from society, family and friends. These technologies allow many users to return to work, participate in caring for their families, or take part in many of the activities non-users take for granted. Being able to do these things helps to alleviate the feeling of "being a burden" that many people with significant medical need often feel.

The proper provision of CRT plays a significant role in reducing the overall cost of healthcare...properly managing pressure and orthopedic complications, equals reduced medical treatments, less institutional care. This means less spending for Wisconsin Medicaid by preventing shifting costs to more costly hospitalizations.

Adding additional recognition for CRT will help to stabilize the market for these products. This current lack of market stability suppresses innovation. Companies like ours are hesitant to, or in some cases unable to, innovate because of the lack of certainty regarding reimbursements. CRT products require much more involvement from both the manufacturing and provider levels than do standard durable medical equipment (DME). Yet the reimbursement arm of the process does not currently recognize this greater involvement and treats both standard Durable Medical Equipment and specialized Complex Rehabilitative Equipment as equivalent. Complex Rehabilitative Technologies need to be recognized as differential products from their counterparts in DME.

The legislation will also provide needed safeguards so that Medicaid beneficiaries with significant disabilities get the right equipment from qualified providers. This promotes better outcomes for the beneficiaries, helps reduce healthcare costs, and ensures state dollars are put to the best use.

Thank you very much for holding this hearing and working to pass AB-462. I'm happy to answer any questions or supply additional information.

Pass AB-462 to Protect Access to Complex Rehab Technology

Complex Rehab Technology (CRT)- Specialized wheelchairs, seating and positioning systems, and other adaptive equipment used by people with significant disabilities and chronic medical conditions.



Visit www.ncart.us for more information.



**Testimony to Support Passage of Wisconsin Senate Bill AB-462 – To better serve
Medicaid recipients with Complex Medical Needs who require Complex Rehabilitation Technology**

September 28, 2017

Dear Assembly Health Committee Members,

My name is Don Clayback and I am the Executive Director of NCART, the National Coalition for Assistive and Rehab Technology. I am here today to support the passage of AB-462.

NCART is a national association focused on protecting and promoting access to Complex Rehab Technology (CRT). CRT products include medically necessary and individually configured manual and power wheelchairs, seating and positioning systems, and other adaptive devices that require evaluation, fitting, configuration, adjustment, or programming.

These specialized products are used by a small group of people with high-level disabilities and chronic medical conditions. Access to CRT allows these individuals to manage their medical needs, minimize their health care costs, and maximize their independence. You can view more information about CRT, including an educational introductory video, at www.ncart.us.

Our national membership includes CRT manufacturers and providers serving people with disabilities from over 300 community locations across the country. Here in Wisconsin our provider member companies have 8 locations across the state. Their services extend beyond the Wisconsin Medicaid program and extend to thousands of children and adults across the state.

Our mission is to ensure people with disabilities have access to the right CRT equipment and that the equipment is properly supported during a lifetime of use. NCART works with consumers, clinicians, and physicians along with federal, state and private policy makers to establish and protect appropriate coverage, coding, provider standards, and payment policies.

The lack of a clear understanding and recognition of the specialized nature of Complex Rehab Technology within regulations and policies is the biggest challenge to preserving access. With that in mind, the following are important CRT facts that Wisconsin legislators should be aware of:

- **Complex Rehab Technology products and services are significantly different than standard Durable Medical Equipment (DME)-** The standard DME benefit was created over forty-five years ago to address the medical equipment needs of elderly individuals. Providers who furnish CRT provide highly specialized products and services which are much different than standard DME. See attached “CRT Wheelchairs Vs. Standard DME Wheelchairs” for a visual illustration of the difference in the products and the configurable features of CRT.
- **These specialized products are used by a small population of children and adults who have significant disabilities and medical conditions-** Individuals who require CRT have a complex disability or medical condition such as, but not limited to, Cerebral Palsy, Muscular Dystrophy, Multiple Sclerosis, Spinal Cord Injury, Amyotrophic Lateral Sclerosis, or Spina Bifida. CRT products enable

these individuals to deal with their daily physical, functional, and cognitive challenges. CRT plays a critical role in addressing the complex medical needs of these children and adults and in keeping them active and functional within their homes and communities. These products not only supply independence and function, but also keep health care costs down by reducing medical complications, clinical interventions, hospitalizations, institutionalizations, and caregiver needs.

- **The process of providing CRT products is done through a clinical model and is service intensive (like the provision of custom Orthotics and Prosthetics)** - The provision of CRT is typically done through an interdisciplinary team consisting of, at a minimum, a Physician, a Physical Therapist or Occupational Therapist, and a credentialed Assistive Technology Professional. The team collectively provides clinical services and technology-related services designed to meet the specific and unique medical and functional needs of the individual. The activities of the provider are labor-intensive as explained in the attached "The Complex Rehab Technology Delivery Process".
- **Due to significant operating costs and low profit margins there is only a small number of qualified providers that supply these specialized products and services-** This is a difficult business as companies providing CRT products must maintain the required trained and credentialed staff, supporting systems and facilities, and related company accreditations to perform the necessary activities. Meeting these requirements comes with significant operating challenges and costs, along with low profit margins. As a consequence, there are a very limited number of companies that provide CRT and that number is decreasing across the country.

The Wisconsin CRT bill, AB-462, follows legislation that has been introduced in Congress to provide improved safeguards and access for beneficiaries with disabilities within the Medicare program. The "Ensuring Access To Quality Complex Rehabilitation Technology Act" is working its way through Congress and has garnered bipartisan support in both chambers. In 2016 there were 173 Representatives and 20 Senators signed on. The federal bill also has the support of over 50 major national disability advocacy and medical professional organizations (see attached list).

We strongly encourage passage of AB-462. Its passage will provide the needed recognition for these specialized products, establish improved standards and safeguards to benefit the state and Medicaid recipients with disabilities, and provide a stable economic environment for the remaining CRT companies to continue to provide this critical technology and related supporting services.

Thank you for consideration of our comments and for passing legislation to better serve the Wisconsin Medicaid recipients with complex medical needs who require CRT. We are happy to provide any additional information that may be helpful.

Sincerely,



Donald E. Clayback
Executive Director

dclayback@ncart.us | www.ncart.us

Attachments-

- 1-CRT Pictorial
- 2-CRT Wheelchairs vs Standard DME Wheelchairs
- 3-CRT Delivery Process
- 4-Consumer/Clinician Organizations Supporting CRT Legislation

“Complex Rehab Technology” Wheelchairs Differ from Standard Wheelchairs

Complex Rehab wheelchairs are individually configured to meet the specific needs of people with permanent disabilities and are vital to a SMALL but CRITICAL segment of Medicare wheelchair users who rely on these specialized wheelchairs for their health and independence.



Complex Manual WCs

- Intended for long-term use
- High Adjustability
- Provides Positioning
- Accommodates Orthopedic Issues
- Provides Pressure Management

Standard Manual WCs

- Intended for short-term use
- Minimal to Zero Adjustability
- NO Positioning
- NO Orthopedic Accommodations
- Provides NO Pressure Management



Complex Power WCs

- Intended for Perm./Progressive Diagnoses
- Advanced Electronics and Controls
- Provides Positioning
- Accommodates Orthopedic Issues
- Provides Pressure Management
- Offers Ventilator Accommodation

Standard Power WCs

- Intended for Ambulatory Limitations
- Basic Joystick Drive ONLY
- NO Positioning
- NO Orthopedic Accommodations
- Provides NO Pressure Management
- NO Ventilator Accommodation

For more information about Complex Rehab Technology (CRT) visit www.ncart.us.

The Complex Rehab Technology Delivery Process

The following is an overview of the “delivery process” of supplying complex rehab mobility and seating systems. Various staff members are involved at different points. While there can be over 30 steps in the process, the principal activities include evaluating, selecting, funding, purchasing, receiving, assembling, scheduling, delivering, fitting, adjusting, programming, training, and billing.

- 1.) Call received from customer or referral source. Review general needs. Verify insurance coverage. Schedule an evaluation.
- 2.) Prepare for evaluation. Gather related literature on options. Obtain and configure necessary evaluation/loaner equipment.
- 3.) Drive to evaluation site. Meet with customer, therapist, and other interested parties. Participate in CRT evaluation process. Gather information on medical status, current and future needs, goals and funding options. Take physical measurements and document.
- 4.) Perform Technology Assessment along with transportation and home accessibility assessments.
- 5.) In some cases, multiple evaluations may be performed involving equipment trials and visits to both the home and other locations such as school, clinic, or hospital.
- 6.) Identify and document equipment recommendations and specifications. Prepare pricing worksheet detailing all equipment and components to be ordered. Indicate specific manufacturer, part number and price. Obtain custom quotes if needed. (Complex cases may involve up to ten different manufacturers.)
- 7.) Identify related coverage criteria. Determine proper billing codes. Obtain medical necessity documentation from physician and therapist. This required documentation can be significant and must meet specific payer requirements.
- 8.) Submit and obtain external or internal funding approval. Include pricing detail and medical necessity documentation. Respond to requests for additional information. Follow up and resolve initial denials.
- 9.) Once funding approval is received, prepare purchase orders for all manufacturers and order items.
- 10.) As pieces of equipment are received, store in holding area until all items for the system have arrived.
- 11.) Once all items have arrived, pull customer order and assemble in accordance with measurements and notes.
- 12.) Contact customer and/or therapist to schedule delivery and fitting.
- 13.) Deliver equipment as scheduled. Perform fitting, adjustments, and programming. For cases requiring further work, document additional modifications needed and return to shop for processing.
- 14.) Perform additional modifications as noted at the first fitting and schedule additional deliveries and fittings as needed.
- 15.) At final delivery, perform final fitting and adjustments. Train customer on proper programming, operation and maintenance.
- 16.) Submit for billing to both primary and secondary payers. Follow up through final collection.
- 17.) Respond promptly to requests from the customer or therapist for post-delivery adjustments or operational concerns.
- 18.) Provide ongoing repair and maintenance as needed.

The process of providing complex rehab mobility and seating is very involved. The time taken on each activity is significant. All parties (physician, therapist, rehab technology professional, rehab tech, and other support staff) work together in order to provide the most appropriate equipment to best meet an individual’s medical needs and maximize his or her function and independence.

National Organizations Supporting Federal CRT Legislation
“Ensuring Access to Quality Complex Rehabilitation Technology Act”

- 1) ACCSES
- 2) ALS Association
- 3) American Academy of Physical Medicine and Rehabilitation
- 4) American Association for Homecare
- 5) American Association of People with Disabilities
- 6) American Association on Health and Disability
- 7) American Congress of Rehabilitation Medicine
- 8) American Medical Rehabilitation Providers Association
- 9) American Music Therapy Association
- 10) American Occupational Therapy Association
- 11) American Physical Therapy Association
- 12) Amputee Coalition of America
- 13) American Cochlear Implant Alliance
- 14) American Therapeutic Recreation Association
- 15) Association for Education and Rehabilitation of the Blind and Visually Impaired
- 16) Association of Assistive Technology Act Programs
- 17) Association of University Centers on Disabilities
- 18) Blinded Veterans Association
- 19) Brain Injury Association of America
- 20) Caregiver Action Network
- 21) Center for Medicare Advocacy, Inc.
- 22) Christopher and Dana Reeve Foundation
- 23) Clinician Task Force
- 24) Disability Health Access
- 25) Disability Rights Education and Defense Fund
- 26) Easter Seals
- 27) Harris Family Center for Disability and Health Policy
- 28) Hearing Loss Association of America
- 29) ITEM Coalition
- 30) Muscular Dystrophy Association
- 31) Myositis Association
- 32) National Association of County Behavioral Health and Developmental Disability Directors
- 33) National Association for Home Care & Hospice
- 34) National Association of State Head Injury Administrators
- 35) National Coalition for Assistive and Rehab Technology
- 36) National Council on Independent Living
- 37) National Disability Rights Network
- 38) National Down Syndrome Society
- 39) National Family Caregivers Association
- 40) National Multiple Sclerosis Society
- 41) National Registry of Rehabilitation Technology Suppliers
- 42) National Rehabilitation Hospital
- 43) Paralyzed Veterans of America
- 44) Perkins School for the Blind
- 45) Rehabilitation Engineering and Assistive Technology Society of North America
- 46) Spina Bifida Association
- 47) TASH
- 48) The Arc of the United States
- 49) United Cerebral Palsy Association
- 50) United Spinal Association
- 51) Unite 2 Fight Paralysis

For more information on Complex Rehab Technology visit www.access2crt.org