



PATRICK TESTIN

STATE SENATOR

DATE: January 7th, 2020
RE: Testimony on 2019 Assembly Bill 660
TO: The Assembly Committee on Health
FROM: Senator Patrick Testin

Thanks to Chairman Sanfelippo and the committee for hearing my testimony on Assembly Bill 660 (AB 660). AB 660 isn't just a bill that modifies the definition of "complex rehabilitation technology" – it's a bill that enables people with severe physical disabilities to live better lives.

Standing may not seem remarkable for the majority of us, but that act has the ability to give disabled people a healthier, more independent life.

There is medical proof that standing can improve kidney function, cardio-pulmonary function, bladder and G.I. function for people who otherwise would be confined to a wheelchair or bed at all times. Standing also can reduce the presence of pressure sores and skin ulcerations which cause great discomfort and often result in surgeries costing Medicaid hundreds of thousands of dollars.

You will hear today from Medical professionals who can testify as to the medical benefits of standing technology. More importantly, you will hear from those who have used standing technology to revolutionize their lives.

Please join us in supporting AB 660, the Standing with Dignity bill.



State of Wisconsin
Department of Health Services
Tony Evers, Governor
Andrea Palm, Secretary

TO: Members of the Assembly Committee on Health

FROM: Lisa Olson, Legislative Director, Department of Health Services

DATE: January 7, 2020

RE: 2019 Assembly Bill 660, relating to: reimbursement under the Medical Assistance program for complex rehabilitation technology

Good morning, Chairman Sanfelippo and members of the Assembly Committee on Health. My name is Lisa Olson and I am the Legislative Director at the Wisconsin Department of Health Services (DHS). I appreciate the opportunity to provide testimony for information only on Assembly Bill (AB) 660, which would expand the definition of complex rehabilitation technology, or CRT, in state statute and make changes to Medicaid's prior authorization process for these items.

Last session, 2017 Wisconsin Act 306 was enacted into law and required the Department to create standards for the supply and reimbursement of CRT within the Medicaid program. CRT was defined to include items such as power wheelchairs, adaptive seating and positioning items, as well as accessories related to any of these items.

Assembly Bill 660 adds power seat elevation and power standing components of power wheelchairs to the existing definition of CRT. DHS recognizes the importance of standing technology for individuals with significant physical impairment or functional limitations and we support this provision. We want to ensure that individuals have the equipment they need to remain healthy and prevent further illness or injury.

In addition to expanding the definition of CRT in state statute, AB 660 also proposes removing Departmental oversight of medical necessity determinations within complex rehabilitation technology items, or services for complex needs patients.

Currently, CRT is covered by Medicaid with prior authorization (PA). As part of this prior authorization process, the Department employs an occupational therapist consultant and physical therapist consultant with expertise on CRT to ensure that equipment and services being requested are medically necessary.

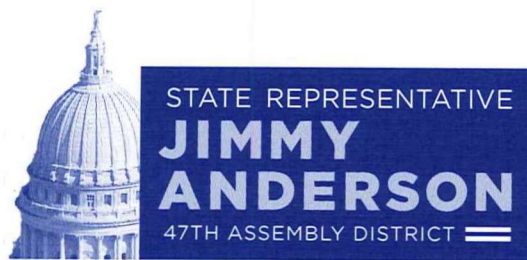
Generally, prior authorization is designed to safeguard against unnecessary or inappropriate care and services, avoid covering an item that Medicare has either already paid for or already denied because it was not medically necessary, and assess the quality and timeliness of services. Because CRT items can be expensive, it is important that the Department has an oversight role prior to approving requests spending taxpayer dollars.

Prior authorization requests received by DHS are required to be completed within 20 working days after being received. Additionally, in emergency situations, the PA requirement may be waived.

We are currently implementing 2017 Act 306 and as part of that process, have convened an advisory committee comprised of advocates, CRT manufacturers, and others. We are happy to work with them as well as providers to, if needed, better outline clear approval criteria for CRT items and services.

DHS supports covering different types of complex rehabilitation technology under the Medicaid program, however, we note that as written, AB 660 would create approval authority for CRT that is separate and unique from other Medicaid services that are covered via prior authorization.

Thank you for your time, and I am happy to take any questions.



Testimony in Favor of Assembly Bill 660

Assembly Committee on Health

January 7, 2020

Thank you Chairman Sanfelippo and fellow committee members for the opportunity to provide testimony in favor of Assembly Bill 660.

As we all know, exercise is an important part of a healthy lifestyle. Unfortunately, many people with disabilities are unable to even stand on their own, let alone go for a run or spend an hour at the gym. Being confined to a seated, stationary position comes with an increased risk for a variety of health conditions including poor kidney function, cardiovascular issues, reduced heart function, skin breakdown, and much more.

Fortunately, researchers have made incredible progress developing the complex rehabilitation technology needed to give the disabled the ability to elevate or stand. By using this equipment, individuals with disabilities can improve blood flow, decrease the risk of pressure ulcers, and gain access to a level of independence that has otherwise been denied to them.

Specifically, Assembly Bill 660 will define standing equipment as complex rehabilitation technology which is reimbursable under the Medical Assistance (MA) program. This will ensure that if a doctor determines that standing equipment is medically necessary, it will be covered under MA. This will not only help those with a disability live a healthier and more independent life, it will ultimately save taxpayer dollars by avoiding the need for expensive surgeries or the coverage of chronic conditions that can arise when someone does not have access to standing equipment.

Simply put, this legislation is a significant step in the right direction in recognizing the unique health care needs of those with disabilities, and I'm hoping for your support. Thank you again for the opportunity to express my support for Assembly Bill 660.

Wisconsin Association of Health Plans

The Voice of Wisconsin's Community-Based Health Plans

Assembly Bill 660 Assembly Committee on Health January 7, 2020

Chairman Sanfelippo, members of the Committee, thank you for the opportunity to testify today. 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 Wisconsin community-based health plans that provide employers and individuals across Wisconsin access to high-quality health care. Many of these health plans partner with the state through Medicaid Managed Care, where they collectively serve 220,000 individuals in Wisconsin's Medicaid programs, including SSI and Family Care.

The Wisconsin Association of Health Plans opposes Assembly Bill 660 because it eliminates a widely-accepted process that ensures appropriate patient care, manages the State's Medicaid costs, and guards against waste, fraud, and abuse.

Medicaid health plans today follow a process outlined in state law to evaluate the medical necessity of requested complex rehabilitation technology (CRT) devices and services. In that process, health plan medical experts review whether a requested device or service is required to prevent, identify, or treat a recipient's illness, injury or disability, and meets standards related to patient safety, quality of care, and cost-effectiveness.

This process leverages the expertise of a diverse group of experienced clinicians to ensure objective, evidence-based standards are used to evaluate CRT requests. It also ensures Medicaid pays for services and equipment that are medically necessary and likely to improve health outcomes, as opposed to items solely of convenience or individual preference. Today, Medicaid enrollees who are not satisfied with a health plan's CRT coverage determination have a number of opportunities for appeal, including the grievance process and a hearing before an administrative law judge.

Section 2 of AB 660 nullifies a long-standing, expert review process by granting a single physician the ability to determine the medical necessity of CRT devices and services. Eliminating the opportunity for outside, objective clinician input will allow for a more subjective application of "medical necessity" for CRT, leading to less effective delivery of services and equipment and increased program costs. It also increases the likelihood of waste, fraud, and abuse because no outside entity will review a physician's determination of medical necessity. While there are many reputable providers, fraud in the durable medical equipment industry remain an item of concern for both public and private payers.

For these reasons, community-based health plans respectfully request committee members oppose this legislation. I would be happy to answer any questions you may have.



January 6, 2020

Chair Joe Sanfieippo
Assembly Committee on Health
Wisconsin State Legislature

Re: In support of passage of Assembly Bill 660 to provide needed access to power seat elevation and power standing components of power wheelchairs for Medicaid beneficiaries with complex disabilities

Dear Chair Sanfieippo and Committee Members,

On behalf of the National Coalition for Assistive and Rehab Technology (NCART), a national association of leading suppliers and manufacturers of Complex Rehab Technology, we write in support of passage of AB-660 to provide needed access to power seat elevation and power standing components of power wheelchairs for Medicaid beneficiaries with complex disabilities.

As background, NCART works with legislators, policy makers, and third-party payers at the federal and state levels to ensure individuals with significant disabilities have the access they need to Complex Rehab Technology (CRT) products and supporting services.

Our supplier members operate over 300 locations across the country, providing specialized products and supporting services to children and adults with disabilities within their communities. Here in Wisconsin our supplier member companies have 8 locations. Their services extend beyond the Medicaid program and include thousands of children and adults across the state.

Specialized CRT products and supporting services play a critical role in addressing the complex medical needs of children and adults with significant disabilities and 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. You can view more information about CRT, including an educational introductory video, at www.ncart.us.

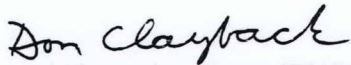
We strongly encourage passage of AB-660. Its passage will provide needed access to critical mobility functions that allow full participation in daily life and address complex medical needs.

Seat elevation is an “accessory” to power wheelchairs that allows an individual with mobility impairment to raise and lower themselves in the seated position through an electromechanical lift system that is embedded into the power wheelchair itself. This component is critical in assisting users with transfers from a wheelchair to a commode, bed, or other uneven surface, and allowing for independence in the performance of mobility-related activities of daily living (MRADLs). A standing feature allows an individual to transition safely from a seated to standing position without the need to leave their chair, allowing independent performance of MRADLs and offering the numerous medical benefits of standing.

With the availability of seat elevation and/or a standing feature, beneficiaries with mobility impairments are able to perform MRADLs and function independently in their home. Without them, they have limited options to perform necessary tasks without assistance and may also incur increased risk of falls (particularly when transferring from their wheelchair to uneven surfaces). Beneficiaries are also denied the medical benefits of standing and movement, such as improved circulation, gastrointestinal tract function, bone density, and vital organ capacity.

Thank you for consideration of our comments and for passing AB-660 to better serve the Wisconsin Medicaid beneficiaries with complex medical needs who require these CRT components. We are happy to provide any additional information that may be helpful.

Sincerely,



Donald E. Clayback
Executive Director
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January 7, 2020

TO: Chairman Sanfelippo
Members of the Assembly Committee on Health

RE: Assembly Bill 648 (SB 600); Physical health services and acupuncture under Medical Assistance program and making an appropriation

On behalf of the Wisconsin Primary Health Care Association (WPHCA), I am writing to express support for Assembly Bill 648 (SB 600).

The Wisconsin Primary Health Care Association, the member association for Wisconsin's 17 Community Health Centers: believes that this legislation will help improve access to alternative methods of pain relief other than prescription pain medications. More specifically it:

- Increases the ability of Community Health Centers to provide alternative methods for pain relief.
- Increases patient access to alternative pain relief options.

Community Health Centers serve over 300,000 patients in communities throughout the state. Health Centers are actively providing or pursuing alternative treatment for pain management. Currently, a few Community Health Centers provide acupuncture and physical therapy services, and more Health Centers are exploring these options. According to Health Centers, these services have been well received by patients as alternatives to prescription drug pain management.

Chronic pain, including chronic low back pain, is a leading reason for prescribing pain medication. Offering the ability for patients to choose a nonpharmacologic treatment option will increase options for patients and creates more tools for providers to treat this pain. Community Health Centers are constantly seeking ways to provide holistic care to their patients. Expanding the Medical Assistance program to include these services will increase access to treatment for numerous patients across the state.

Sincerely,

Stephanie Harrison, CEO
Wisconsin Primary Health Care Association

ABOUT WPHCA:

WPHCA is the membership association for Wisconsin's 17 Federally Qualified Health Centers (FQHCs) also known as Community Health Centers (CHCs). Community Health Centers work to create healthier communities by improving access, providing quality health care and reducing health disparities for Wisconsin's underserved and low-income populations. Our aim is to ensure that all Wisconsinites achieve their highest health potential. We execute our mission and focus our aim through providing training and technical assistance to Wisconsin's Community Health Centers and advocating on their behalf.

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