

<u>Testimony on SB 434</u> Senate Committee on Insurance and Small Business Senator Mary Felzkowski 12<sup>th</sup> Senate District September 21, 2023

Good morning fellow Committee Members,

Thank you for taking the time to hear testimony on SB 434, which would remove roadblocks for wheelchair repair.

Under current law, individuals in need of wheelchair repair in Wisconsin must wade through mountains of red tape to get the needed repairs to their highly specialized wheelchairs. Many are waiting for extended periods of time, in pain and discomfort, for paperwork to be sorted at DHS and for repetitive and redundant boxes to be checked. This is true despite the fact that the initial wheelchair prescription, fitting, and issuance goes through a medical evaluation process and a rigorous prior authorization process.

If the wheelchair is already prescribed and authorized, why does Wisconsin make these vulnerable individuals jump through hoops to get the wheelchair repaired?

This bill eliminates the requirements for prior-authorization and for a physician's evaluation and prescription for the repair of a complex rehabilitative technology wheelchair if the patient is covered by Medicaid.

Not only will this bill save time, it will save lives. Right now, even though more than 99% of requests are ultimately approved, the prior authorization and physician's prescription process adds weeks, and many times even months, to the repair timeline. The time spent in an ill-fitting or improperly functioning chair often causes medical issues such as pressure ulcers, urinary tract infections, and orthopedic degradation that can lead to life threatening infections. The ensuing medical costs are often in the hundreds of thousands of dollars and far surpass the cost of repair of a malfunctioning wheelchair.

I hope you can join me in supporting this legislation and I'm happy to take any questions.



## JON PLUMER

State Representative  $\bullet$  42<sup>nd</sup> Assembly District

## Senate Committee on Insurance and Small Business September 21, 2023

Testimony SB 434

Good Morning Chairwoman Felzkowski and Committee members. Thank you for holding a hearing and offering me the opportunity to submit testimony in support of Senate Bill 434, which removes roadblocks for individuals who need their wheelchair repaired.

As it is currently written, state law creates a significant amount of red-tape for an individual to deal with just to get their specialized wheelchair repaired. This often results in a significant delay in getting things fixed while paperwork is dealt with at the Department of Health Services. Meanwhile, these individuals are stuck waiting in pain and discomfort.

This is unnecessary and SB 434 helps fix the problem by getting rid of redundant government regulations and requirements. When someone is prescribed one of these specialized wheelchairs, they are fitted and go through the medical evaluation and prior authorization process. So why do we make them go through these processes again when they need to simply get it repaired?

SB 434 gets rid of the requirement for prior-authorization and a doctor's evaluation and prescription in order to get repairs made on a specialized wheelchair if the patient is under Medicaid. Over 99% of repair requests are approved, there is no need to require additional burdensome government regulation in this instance.

Making this commonsense change will help reduce medical issues that can arise from an individual being stuck in a poorly fitting wheelchair while they wait for authorization to get it fixed. This will increase their quality of life and decrease potentially life-threatening medical complications. I hope you will join me in supporting this legislation.



State of Wisconsin Department of Health Services Tony Evers, Governor

Kirsten L. Johnson, Secretary

TO: Members of the Senate Committee on Insurance and Small Business

FROM: HJ Waukau, Legislative Director Wisconsin Department of Health Services

DATE: September 21, 2023

**RE:** SB 434 Relating to: repair of complex rehabilitation technology under the Medical Assistance program.

The Department of Health Services (DHS) would like to submit written testimony for information only on Assembly Bill 416 (SB 434) regarding the repair of complex rehabilitation technology under the Medical Assistance (MA) program. Under current law, DHS is required to promulgate rules that establish which medical supplies and equipment are covered by MA and under what conditions they will be reimbursed. This bill would prohibit DHS from requiring a prescription and prior authorization before reimbursing a provider for the repair of complex rehabilitation technology (CRT) if the CRT was previously prescribed and reimbursed under MA, unless the CRT is intended for use by an individual who is enrolled in a managed care organization (MCO).

The bill, as currently written, would likely only impact the long-term care subset of the broader Medicaid population. Members receiving long-term care services from DHS have the option of receiving their services on either a managed care basis (FamilyCare, PAC, Partnership), or a fee-for-service basis (IRIS). Only the smaller fee-for-service cohort of the Medicaid population would be impacted by SB 434. SB 434 would not remove prior authorization for CRT repairs for the majority of the long-term care population. Utilizing the most recent complete enrollment data for July 2023, 25,950 members had fee-for-service coverage, while 57,877 members received managed care services. Under SB 434 over two-thirds of long-term care members would still be required to obtain prior authorization for CRT repairs. Additionally, if a person privately paid for their CRT devices, the exemption for prior authorization and prescriptions under SB 434 would not apply to those repairs, nor would it expedite the process for getting a privately paid device repaired. Further, it would appear the provisions of SB 434 would only apply to repairs which are under \$300 for power chairs and under \$150 for manual chairs per Wis. Stat. 49.45(9p)(b).

Rather than eliminating the requirement for prior authorization the Committee may want to consider instead raising the cap under which a prior authorization would no longer be required. Without a prior authorization cap, vendors could potentially submit unlimited repair claims, and DHS would have little, if any, capacity to control or reduce costs for the fee-for-service population. The Committee may also wish to consider evaluating situations where repair costs exceed replacement costs. If the cost to repair is greater than the cost to replace, a prior authorization to replace the CRT should be submitted as well as clarification surrounding the need for such repairs.

DHS thanks the Committee for the opportunity to provide written testimony for information only and offer itself as a resource for Committee members for any follow up or additional information that may be needed.

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September 21, 2023

To: Honorable Members of the Senate Committee on Insurance and Small Businesses

## Re: Support for SB 434 relating to: Removing Barriers for Wheelchair Repair for People Living with Amyotrophic Lateral Sclerosis (ALS)

Dear Chairwoman Felzkowski and Members of the Committee,

On behalf of The ALS Association and the families and people living with ALS is Wisconsin, we urge you to support SB 434, which will eliminate the requirements for prior-authorization and for a physician's evaluation and prescription for the repair of a complex rehabilitative technology wheelchair if the patient is covered by Medicaid.

ALS is a progressive neurodegenerative disease that affects the nerve cells responsible for controlling voluntary muscle movement. It is a devastating condition that leads to the gradual loss of muscle function, eventually rendering individuals unable to speak, eat, or breathe independently. Given the severity and rapid progression of ALS, timely access to necessary medical interventions, treatments, and support services is paramount.

Currently, the prior authorization process poses significant obstacles and delays for ALS patients, impeding their access to critical treatments and therapies. According to the AMA, 91% of physicians said that prior authorization requirements had a *somewhat or significant* negative impact on patients' clinical outcomes<sup>1</sup>. In addition, the cumbersome nature of prior authorization requirements not only undermines the quality of care but also exacerbates the physical, emotional, and financial burdens faced by people living with ALS and their families.

Not only will this bill save time, it will save lives. Currently, even though more than 99% of requests are ultimately approved, the prior authorization and physician's prescription process adds weeks, and many times even months, to the repair timeline. With an average prognosis of 2-5 years, people living with ALS do not have the time to wait. An ill-fitting or improperly functioning chair often causes medical issues such as pressure ulcers, urinary tract infections, and orthopedic degradation that can lead to life threatening infections. The ensuing medical costs are often in the hundreds of thousands of dollars and far surpass the cost of repair of a malfunctioning wheelchair. This bill would also lessen the need for appeals and provide financial relief to those grappling with mounting healthcare costs.

Thank you for your time and for your consideration of this important legislation. For all these reasons we respectfully ask for your support for SB 434 and recognize the need for prior authorization reform for Complex Rehabilitation Technology, particularly concerning timely access to wheelchair repairs for people living with ALS.

Sincerely,

Sarah Sanchez Managing Director, Advocacy The ALS Association sarah.sanchez@als.org

Kara Nett Hinkley, MPP Vice President, State Policy The ALS Association kara.hinkley@als.org

Melanie Lendnal, Esq. Senior Vice President, Policy & Advocacy The ALS Association <u>melanie.lendnal@als.org</u>

<sup>&</sup>lt;sup>1</sup> https://www.ama-assn.org/practice-management/prior-authorization/why-prior-authorization-bad-patients-and-bad-business