

HOUSE BILL REPORT

HB 1445

As Reported by House Committee On:
Health Care & Wellness
Appropriations Subcommittee on Health & Human Services

Title: An act relating to complex rehabilitation technology products.

Brief Description: Concerning complex rehabilitation technology products.

Sponsors: Representatives Cody, Green, Jinkins and Morrell.

Brief History:

Committee Activity:

Health Care & Wellness: 2/19/13, 2/22/13 [DPS];

Appropriations Subcommittee on Health & Human Services: 2/25/13 [DP2S(w/o sub HCW)].

Brief Summary of Second Substitute Bill

- Directs the Health Care Authority to establish a separate recognition for medically necessary, individually configured, complex rehabilitation technology products and services for complex needs patients in the Medical Assistance program.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 12 members: Representatives Cody, Chair; Jinkins, Vice Chair; Angel, Clibborn, Green, Moeller, Morrell, Riccelli, Rodne, Ross, Tharinger and Van De Wege.

Minority Report: Do not pass. Signed by 4 members: Representatives Schmick, Ranking Minority Member; Hope, Assistant Ranking Minority Member; Manweller and Short.

Staff: Chris Blake (786-7392).

Background:

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Durable medical equipment is considered an optional service for state Medicaid programs which is currently covered in Washington. Durable medical equipment is defined as equipment that: (1) can withstand repeated use; (2) is primarily and customarily used to serve a medical purpose; (3) is generally not useful to a person in the absence of an illness or injury; and (4) is appropriate for use in the client's residence.

Wheelchairs are considered durable medical equipment under the Medicaid program. There are several different categories of wheelchairs. Manual wheelchairs are nonmotorized and capable of being independently propelled. Manual wheelchairs may be classified as standard, lightweight, high-strength lightweight, hemi, pediatric, recliner, tilt-in-space, heavy duty, rigid, custom heavy-duty, and custom manufactured specialty-built. Power wheelchairs are motorized wheelchairs that can be independently driven by a client. Power wheelchairs may be classified as pediatric, noncustomized power, or customized power.

Summary of Substitute Bill:

The Health Care Authority (Authority) is directed to establish a separate recognition for medically necessary, individually configured, complex rehabilitation technology products and services for complex medical need patients in the Medical Assistance program. The Authority must designate appropriate current billing codes as complex rehabilitation technology. The Authority must establish standards for qualified complex rehabilitation technology suppliers and may only purchase complex rehabilitation technology from those suppliers.

"Complex needs patients" are defined as individuals with a diagnosis or medical condition that results in significant physical or functional needs and capacities. The term includes people with progressive or degenerative neuromuscular diseases or injuries or trauma which have resulted in significant physical or functional needs and limited capacities, such as spinal cord injury, traumatic brain injury, cerebral palsy, and muscular dystrophy.

"Complex rehabilitation technology" is defined as wheelchairs and seating systems defined by Medicare as durable medical equipment that are specially configured to meet the specific medical, physical, and functional needs of individuals. Complex rehabilitation technology is primarily used to serve a medical purpose and requires patient evaluations and fitting services to establish the appropriate design, configuration, and use of the equipment. The term specifically includes highly configurable wheelchairs, complex rehabilitation power wheelchairs, and adaptive seating and positioning systems.

"Qualified complex rehabilitation technology supplier" means an entity that: (1) is accredited as a supplier of complex rehabilitation technology; (2) meets Medicare standards for durable medical equipment suppliers; (3) employs at least one complex rehabilitation technology professional at each site who is physically present to assess patient needs and assist in product selection and training; and (4) provides service and repairs for the products that it sells, as well as information about receiving service and repair.

Substitute Bill Compared to Original Bill:

The substitute bill limits the definition of "complex rehabilitation technology" to wheelchairs and seating systems that are classified as durable medical equipment. The requirement that the Health Care Authority create new billing codes for complex rehabilitation technology is eliminated.

Appropriation: None.

Fiscal Note: Available. New fiscal note requested on February 24, 2013.

Effective Date of Substitute Bill: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) This bill will separate clients' complex rehabilitation technology equipment needs from standard durable medical equipment. This bill will provide safeguards for clients' needs. A higher level of service is required for providing complex rehabilitation technology to clients than for standard durable medical equipment because of the evaluations needed to meet each client's needs. This bill acknowledges the need for complex rehabilitation technology and the necessity to ensure that people with these severe disabilities can obtain the equipment that they need. This bill will guarantee that general cuts to durable medical equipment will not affect these specialized technologies that provide a way of life for the clients that use them. These types of wheelchairs make the users' lives better by keeping them healthy and helping them maintain their employment.

(Opposed) None.

Persons Testifying: Bruce Thompson, AARO Medical Supplies; Charlie Brown, National Coalition for Assistive and Rehab Technology; and Robert Plummer.

Persons Signed In To Testify But Not Testifying: None.

HOUSE COMMITTEE ON APPROPRIATIONS SUBCOMMITTEE ON HEALTH & HUMAN SERVICES

Majority Report: The second substitute bill be substituted therefor and the second substitute bill do pass and do not pass the substitute bill by Committee on Health Care & Wellness. Signed by 8 members: Representatives Morrell, Chair; Harris, Ranking Minority Member; Cody, Green, Jinkins, Kagi, Ormsby and Ross.

Minority Report: Do not pass. Signed by 1 member: Representative Schmick.

Staff: Erik Cornellier (786-7116).

Summary of Recommendation of Committee On Appropriations Subcommittee on Health & Human Services Compared to Recommendation of Committee On Health Care & Wellness:

The Appropriations Subcommittee on Health & Human Services (Subcommittee) recommended the removal of the Health Care Authority's authority to designate additional diagnoses or medical conditions that qualify a patient as a complex need patient.

The Subcommittee also recommended clarifying that qualifying as a "complex needs patient" does not negate any requirement that an individual meet medical necessity requirements before receiving complex rehabilitative technology.

Appropriation: None.

Fiscal Note: Available. New fiscal note requested on February 28, 2013.

Effective Date of Second Substitute Bill: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) These are not average wheelchairs. People with conditions like muscular dystrophy or multiple sclerosis need special technologies designed to provide mobility and the ability to function outside in the workplace and at home.

The intent is not to increase Medicaid reimbursement costs or to change medical necessity requirements. It is about separating complex rehabilitation technology from durable medical equipment, which is a larger category. When cuts were being made years ago, there was a 10 percent cut across durable medical equipment that impacted persons with a high degree of need for complex rehabilitative technology. The bill makes sure that if further cuts are made to durable medical equipment, the Legislature would need to make separate reductions to complex rehabilitative technology.

Evaluations by physical and occupational therapists could be limited to situations that create better controls on prescriptions and beneficiary outcomes. Further discussion on this issue is warranted since the focus of the bill is on power and manual wheelchairs.

There will be minimal costs and potential savings with the safeguards and utilization controls in the bill.

(Opposed) None.

Persons Testifying: Charlie Brown, National Coalition for Assistive Rehabilitation Technology.

Persons Signed In To Testify But Not Testifying: None.