



Testimony presented April 28, 2022, to the Michigan House Committee on Health Policy by Barry Cargill, President & CEO of the Michigan HomeCare and Hospice Association.

Senate Bill 499 and 500 - Establish Medicaid Separate Recognition and Policies for Complex Rehab Technology (CRT)

MHHA Position: Support

Please accept written comments in support of Senate Bills 499 and 500, on behalf of the Michigan HomeCare and Hospice Association (MHHA).

Thank you, Chairperson Kahle and member of the Committee. We are very appreciative of Senators Daley and Irwin for their bipartisan sponsorship for this important legislation and the opportunity to offer our strong support before your Committee today. My name is Barry Cargill, President & CEO of the Michigan Home Care and Hospice Association (MHHA). In addition to our role as the state association for home care and hospice organizations, we are also the state trade association for home medical equipment, which includes Complex Rehab Technology, also referred to as CRT.

Combined, SB 499 and 500 will establish a separate recognition under Michigan Medicaid for Complex Rehab Technology (CRT) so that access to these critical services will be protected for the children and adults with significant disabilities. Improved policies and provider standards will result in stronger safeguards and better outcomes for these Medicaid participants and for our State.

Complex Rehab Technology is different than standard Durable Medical Equipment (DME). The traditional Durable Medical Equipment Medicaid benefit and related policies were created over fifty years ago to meet the needs of elderly and disabled individuals, and Medicaid policies have not kept up with the technology. Over time, technology has advanced to now include highly configurable manual wheelchairs, power wheelchairs, adaptive seating and positioning systems, and other specialized equipment such as standing frames and gait trainers. These products – called Complex Rehab Technology – are prescribed and individually configured to meet the unique needs of individuals with significant disabilities and chronic medical conditions.

Minimally, the provision of CRT usually involves a team consisting of the prescribing

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physician, an occupational or physical therapist, and an Assistive Technology Professional. The process is service intensive from initial trial and evaluation through final assembly, delivery, adjustment, and training. Once the individually configured equipment is delivered it then must be supported by the CRT provider with ongoing maintenance, repairs, and modifications.

This small population of children and adults needing specialized CRT have disabilities such as ALS, Cerebral Palsy, Multiple Sclerosis, Muscular Dystrophy, Spina Bifida, Spinal Cord Injury, and Traumatic Brain Injury. They depend on this individually configured equipment to address their unique medical needs, maximize their function and independence, and minimize their health care costs.

Congress has acknowledged CRT products are unique and more specialized than standard DME. It has passed legislation exempting CRT wheelchairs, seating systems, and accessories from the Medicare DME competitive bidding program recognizing such inclusion would jeopardize access to this individually configured technology. In addition, 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.

Senate Bill 499 and 500 are not anticipated to increase state cost and the Senate Fiscal Agency has established that the fiscal impact will be minimal. In fact, the implementation of stronger Medicaid safeguards and standards will provide better utilization controls and outcomes to help reduce State Medicaid health care expenses and improve quality of life for the disabled Medicaid population.

Our member organizations at the Michigan HomeCare and Hospice Association are strategically focused at promoting policies that help keep people out of the hospital and safe at home. SB's 499 and 500 helps to achieve that objective and for many, help disabled individuals be more productive members of society and fulfill their individual mobility dreams and goals.

Thank you for the opportunity to provide comments. I would be pleased to address any question you or members of the Committee may have. Thank You!

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