



Date: January 30, 2025

To: The Honorable Chair Deb Patterson
The Honorable Vice Chair Cedric Hayden
Senate Committee on Healthcare
900 Court St. NE
Salem, OR. 97301

RE: Support– SB 549 RE: Eliminate Prior Authorization for Repairs or CRT Equipment

Dear Chair Patterson and Vice Chair Hayden:

On behalf of the National Coalition for Assistive & Rehab Technology (NCART), we respectfully write in favor of SB 549— Eliminate Prior Authorization for Repairs of CRT Equipment.

NCART represents manufacturers and providers of Complex Rehab Technology (CRT), which includes medically necessary customized manual and power wheelchairs, seating and positioning systems, and other adaptive equipment critical to a small and fragile population of children and adults with severe physical disabilities such as spinal cord injury, traumatic brain injury, cerebral palsy, ALS, multiple sclerosis, and spina bifida. This small subset of products is subject to strict prior authorization. It is individually configured by a team of physicians, clinicians, and providers (clinical team) to fit the unique needs of one specific individual. The CRT evaluation, provision, and ongoing support processes are labor intensive, requiring credentialed staff and focused operational infrastructures. Unfortunately, this equipment is reimbursed as a small segment of durable medical equipment (DME), which does not account for the full operational and labor cost of evaluating, delivering, and fitting the product, creating unnecessary barriers to access.

Access to wheelchair repairs is critical to maintaining the health, safety, and independence of individuals with disabilities. In recent years, consumers have experienced delayed access and fewer provider options when equipment service or repair is needed. As drafted, SB 549 will address the most time-consuming obstacle in patients' getting their equipment fixed quickly.

NCART does support prior authorization for new equipment. Once Medicaid or the Care Coordination Organization receives the *initial* request for the equipment, they decide if the information provided by the physician, physical or occupational therapist, and assistive technology provider is enough to justify the equipment medically. CRT equipment is needed for the patient's lifetime because, unfortunately, these patients will not recover their full mobility and sometimes digress. Given the initial approval for the chair, the requirement for prior authorization for parts and repairs is duplicative because the equipment has already been deemed medically necessary by Medicaid or the Care Coordination Organization.

Oregon typically takes 14-21 days for our provider members to receive authorization from Medicaid and/or the Care Coordination Organization. Nationally, 98.2% of all prior authorizations for repairs are approved. During the time waiting for paperwork and red tape, the patient's chair may be limited in function and, in some cases, may not be safe to use, which could cause the patient to remain in bed and lead to other adverse medical conditions like respiratory issues, digestive issues, and possibly decubitus ulcers, which are better known as "bed sores." The average surgery to recover from decubitus ulcers could cost the Oregon taxpayer- \$75,000.

NCART is presently working with seven other states on this critical issue. Medicare does not require prior authorization for CRT repairs. Connecticut, Wisconsin, Colorado, and Tennessee have all removed prior authorization for repairs. One provider reported in Colorado that removing prior authorization for repairs has resulted in a 21-day reduction in repair time.

Thank you for your attention to this matter; if you have any questions, please don't hesitate to contact Wayne Grau at WGr@NCART.US or 570-902-9878.

Sincerely,



Wayne Grau
Executive Director

National Coalition for Assistive & Rehab Technology (NCART)
wgrau@ncart.us