



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 Clinician Task Force (CTF) we respectfully write in favor of SB 549— Eliminate Prior Authorization for Repairs of CRT Equipment.

The CTF is a 501(c)(4) non-profit organization comprised of a group of healthcare providers that practice, serve, and provide education on best practice in seating and wheeled mobility clinical services, and advocate for individuals who require complex rehab technology (CRT) equipment. The CTF membership consists of occupational and physical therapists across the United States with expertise in seating and wheeled mobility. We maintain a majority of at least 80% of the membership actively evaluating for CRT equipment in a wide variety of settings including inpatient and outpatient rehabilitation, private practice, educational settings, community-based programs, and more. Membership guidelines mandate that no more than 20% of the membership are employed full-time for CRT manufacturer/suppliers to ensure an ethical balance is maintained. In short, there is no financial benefit for our membership as they advocate for their patients/clients.

Access to wheelchair repairs is critical to maintaining the health, safety, and independence of individuals with disabilities. In recent years, consumers have increasingly 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.

CTF 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, occupational or physical therapist, and assistive technology provider is sufficient 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 they will regress. 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.

In the state of Oregon, it is typically 14-21 days for providers 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 at all. This could cause the patient to remain in bed, missing school and work, and lead to other adverse medical conditions like respiratory compromise, digestive issues, depression and possibly pressure injuries. These are better known as "bedsores" and the average surgery to recover from severe pressure injuries could cost the Oregon taxpayers \$75,000.

CTF is presently working in collaboration with NCART in any state that is addressing this critical issue. To date, Connecticut, Wisconsin, Colorado, and Tennessee have all removed prior authorization for repairs. Medicare does not require prior authorization for CRT repairs. We have had one provider report back in Colorado that removing prior authorization for repairs has resulted in a 21-day reduction in repair time. This can be life-changing for our clients!

Thank you for your attention to this matter; if you have any questions, please don't hesitate to contact me at tamara@posture24-7.org or 406-370-3689.

Sincerely,

A handwritten signature in black ink that reads "Tamara Kittelson". The signature is written in a cursive, flowing style.

Tamara Kittelson, MS, OTR/L, ATP/SMS
Executive Director
Clinician Task Force