

[Ensuring Access to Quality Complex Rehabilitation Technology Act of 2017 \(HR 750, 115th Congress\)](#)

Creates a separate benefit category and payment system for complex rehabilitation technology under Medicare.

Updated last **November 29, 2017**
for the 01/30/2017 version of HR 750.

WHAT IT DOES

The Ensuring Access to Quality Complex Rehabilitation Technology Act of 2017 ([HR 750](#)) amends the Social Security Act to revise the classification of and payment for complex rehabilitation technology (CRT) items under the Medicare program. The bill creates a separate benefits category for CRT items as necessary for specific coding, coverage, and payment rules and policies. CRT items include highly configurable wheelchairs, power wheelchairs, and adaptive seating and positioning systems.

CRT items are used to support people with neuromuscular conditions that present physical, functional, and cognitive challenges, such as muscular dystrophy, spinal cord injury, amyotrophic lateral sclerosis, and cerebral palsy. The act defines complex rehabilitation technology as items that:

1. Are designed or individually configured for a specific qualified individual to meet the individual's unique needs, based on their medical condition and daily activities;
2. Primarily serve a medical or functional purpose and generally are not useful to a person in the absence of illness or injury; and
3. Require certain services to ensure appropriate design, configuration, and use of such item, with appropriate modifications made based on the individual's need.

The Department of Health and Human Services (HHS) is ultimately responsible for facilitating the creation of a new benefit category for CRT items. This includes setting guidelines to determine which items will fall into the category and forming criteria to determine who is eligible to receive CRT devices. However, HHS is prohibited from designating as CRT certain items: adaptive equipment to operate vehicles and certain prosthetic and orthotics devices.

For an individual to receive compensation for a CRT item, they must demonstrate a certain level of physical or functional needs and capabilities as arising from the following medical conditions:

- Congenital disorders, progressive or degenerative neuromuscular diseases, or injuries or trauma that result in significant physical or functional needs and capacities;
- Spinal cord injury, traumatic brain injury, cerebral palsy, muscular dystrophy, spina bifida, osteogenesis imperfecta, arthrogyrosis, amyotrophic lateral sclerosis, multiple sclerosis, demyelinating disease, myelopathy, myopathy, progressive muscular atrophy, anterior horn cell disease, post-polio syndrome, cerebellar degeneration, dystonia, Huntington's disease, or spinocerebellar disease; or
- Certain types of amputation, paralysis, or paresis that result in significant physical or functional needs and capacities.

In addition, the bill directs HHS to define the quality standards that must be met by suppliers of CRT items to collect payment. Accreditation organizations will assess if CRT suppliers achieve those standards. At a minimum, such standards must mandate that CRT suppliers achieve the following requirements:

- Meet [Durable Medical Equipment standards](#);
- Make available at least one CRT professional with specific qualifications in each service area;
- Provide to an individual access to equipment for trial and simulation if the individual's healthcare professional deems such access necessary;

- Provide to an individual information on accessing service and repair of the CRT item;
- Make available at least one service technicians in each service area; and
- Provide rental equipment when an individual's CRT item is under repair.

Payment for a CRT item can be initiated once a qualified practitioner has provided a written order for such item. The written report must have:

- Evidence that the individual needs the CRT device; and
- Documentation of a CRT evaluation by a licensed physical or occupational therapist if the individual is receiving a manual or power wheelchair.

All provisions initiated by this bill would go into effect for CRT items and services delivered on or after January 1, 2018.

RELEVANT SCIENCE

[Complex rehabilitation technology](#) devices are designed to treat diseases and certain types of injury and trauma that directly or indirectly affect the [neuromuscular system](#). These types of conditions affect cognitive and motor function and can dramatically alter quality of life by limiting the afflicted individual's ability to do basic and instrumental activities of daily living, such as maintaining and changing body position, walking, bathing, eating, performing household tasks, looking after one's health, and communicating.

Many of the conditions listed in HR 750 affect the [nervous system](#) (both [central](#) and [peripheral](#)) and the [muscular system](#). The central nervous system includes the brain and the spinal cord; the peripheral system comprises the intricate nerve networks that spread among the entire body including the arms, legs, and torso. Those nerves then go on to activate muscle groups that form basic and complex movement. Accordingly, diseases that affect both the nervous and muscular system are known collectively as neuromuscular diseases.

HR 750 specifically mentions [congenital](#) and [progressive or degenerative](#) neuromuscular diseases that directly and indirectly affect the neuromuscular system. Diseases and disorders such as [cerebral palsy](#), [muscular dystrophy](#), [amyotrophic lateral sclerosis](#), [multiple sclerosis](#), [demyelinating disease](#), [myelopathy](#), [myopathy](#), [progressive muscular atrophy](#), [anterior horn cell disease](#), [post-polio syndrome](#), [cerebellar degeneration](#), [dystonia](#), [Huntington's disease](#), [spina bifida](#), and [spinocerebellar disease](#) all directly alter the neuromuscular system. In contrast, [osteogenesis imperfecta](#) and [arthrogryposis](#) indirectly affect the neuromuscular system by causing bones, the foundational structure of muscles, to deteriorate. Without a concrete foundation, muscles cannot exert force to cause movement, even though an affected individual still has a functional neuromuscular system.

In addition to diseases and disorders, HR 750 takes into account injuries and trauma that affect the neuromuscular system. [Spinal cord injury](#) and [traumatic brain injury](#) (TBI), both directly affecting the central nervous system, are caused by external forces such as a car crash or catastrophic fall. The [spinal cord](#) can be damaged by being stretched or displaced by [vertebrae](#). As a result, neurons in the spinal cord are unable to communicate efficiently with one another, which disrupts nerve signals that flow from and to the brain. That disruption can cause [mild to severe effects](#) ranging from minimal to absolute loss of motor and sensory function.

Injury to the brain may have similar effects as a spinal cord injury; however, TBI can also have severe cognitive effects. Traumatic brain injury can result from violent hits to the head or an object piercing through the skull and entering the brain. [Symptoms](#) associated with it include behavioral or mood changes, a change in sleep pattern, trouble with memory, dizziness, loss of coordination, convulsions or seizures, and blurred vision.

According to the bill, due to the complexity of neuromuscular conditions and their side effects, CRTs require configurations based on the recipient's unique need. That means each device requires an interdisciplinary team who specializes in neuromuscular diseases and devices; the bill defines this team as composed of a doctor, licensed physical or licensed occupational therapist, a qualified CRT professional, the patient, and sometimes a care-giver.

BACKGROUND

[Medicare Part B](#) provides Medicare recipients with certain medical services and supplies, including [durable medical equipment](#) (DME). DME includes items such as blood sugar monitors, canes, hospital beds, nebulizers, and sleep apnea devices. Medicare Part B further currently covers some [orthotic](#) and [prosthetic](#) devices.

ENDORSEMENTS & OPPOSITION

Endorsements:

- [Access2CRT](#) (coalition), [position paper](#), 2017: “Congress must pass the Ensuring Access to Quality Complex Rehabilitation Technology Act of 2017 ... to establish a separate benefit category for CRT products and services within the Medicare program.... It will allow for needed improvements in coverage policies, coding, and quality standards to better address the unique needs of the individuals with significant disabilities and chronic medical conditions who rely on these specialized products and related services.”
- United Cerebral Palsy, [website](#), 2017: “The passing of this legislation would increase the accessibility to assistive technologies and would allow individuals with a disability to lead a more full and independent life.”
- Christopher & Dana Reeve Foundation, [website](#), 2016: “Over the years, durable medical equipment (DME) has advanced tremendously, becoming customized and unique to the user. Even though equipment has evolved, Medicare guidelines have not changed with technology. By creating a separate category under Medicare for CRT, the specific and unique equipment needs of individuals with disabilities can be met.”

Opposition:

- At present, there has not been any publicly reported opposition to this bill.

STATUS

This bill was introduced in the House on January 30, 2017 and referred to the [Committee on Energy and Commerce](#) and the [Committee on Ways and Means](#) on the same date. In early February 2017, the bill was referred to the Subcommittees on Health within both the [Energy and Commerce](#) and the [Ways and Means](#) Committees.

RELATED POLICIES

In the 115th Congress, [HR 3730](#) (previously introduced as [HR 1361](#)) and the identical [S 486](#) would amend the Social Security Act to not apply Medicare competitive acquisition rates to complex rehabilitative wheelchairs and accessories.

The [National Center for Medical Rehabilitation Research](#), housed in the National Institutes of Health’s [Eunice Kennedy Shriver National Institute of Child Health and Human Development](#), has program areas focused on devices and technology like advanced wheelchair design used to treat some of the neuromuscular diseases mentioned in HR 750.

POLICY HISTORY

In the 114th Congress, Representative James F. Sensenbrenner, Jr., introduced a prior and slightly different version ([HR 1516](#)) of HR 750. For example, HR 750 includes language that asserts that HHS does not have to provide coverage for items that do not meet the requirements stated in the amendments. HR 750 also allows HHS to set payment amounts for CRT items using certain factors like contractor assessments. Lastly, HR 750 permits annual payment amount adjustments based on the market.

SPONSORS

Sponsor: [James F. Sensenbrenner, Jr.](#) (R-WI-5)

Cosponsor: [Joseph Crowley](#) (D-NY-14)

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RECOMMENDED CITATION

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