



**Governor's Commission on Disabilities**  
**Legislation Committee**  
**Monday, December 7, 2015 3:00 PM - 4:30 PM**  
 John O. Pastore Center, 41 Cherry Dale Court, Cranston, RI 02920-3049  
 (voice) 401-462-0100 (fax) 462-0106 (tty) via RI Relay 711  
 (e-mail) [gcd.disabilities@gcd.ri.gov](mailto:gcd.disabilities@gcd.ri.gov) (website) [www.disabilities.ri.gov](http://www.disabilities.ri.gov)  
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**Attendees:** Linda Ward (Chair.); Jack Ringland (Vice Chair.); Regina Connor; Casey Gartland; William R. Inlow; Arthur M. Plitt; Meredith Sheehan; & Angelina Stabile

**Absentees:** Rosemary C. Carmody; Heather Daglieri; Linda Deschenes; Timothy Flynn; Kathleen Heren; Paula Parker; Msgr. Gerard O. Sabourin; & Dawn Wardyga

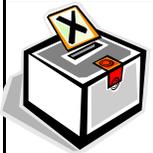
**Guests:** Colleen Polsell (Department of Health); Tarah Provencal (Office of Health Insurance Commissioner); Michael Cancilliere (About Families); & Janet Marquez (Solutions CEDARR)

**Staff:** Bob Cooper



***3:00 Call to Order and Acceptance of the Minutes, Linda Ward, Chair***

Chair calls the meeting to order at 3:06 PM  
 Introductions of Commissioners and guests



**MOTION:** To accept the minutes of the previous meeting as *presented*  
 Motion moved by CG, seconded by AP, passed unanimously

**Action Items:**



***3:05 2015 Senate Resolution 421 (S 1016) Senate Resolution Respectfully Requesting the Office of the Health Insurance Commissioner to Study of the Notification Requirements for Changes to Prescription Drug Plan Formularies and Assess the Impact on Persons, Tarah Provencal, Associate Director of the Office of the Health Insurance Commissioner***

**Purpose/Goal:** To receive a status report on the Study

Presentation by The Office of the Health Insurance Commissioner

Senate Resolution 1016 has requested that the Office of the Health Insurance Commissioner (OHIC) study and make an analysis of notification requirements for changes to prescription drug plan formularies, assess the impact on persons with chronic medical conditions, and provide a report to the General Assembly by February 2016.

Prior to this resolution, OHIC had the opportunity to analyze federal policies, as well as statutory and regulatory policies in other states surrounding notification requirements for changes to prescription drug plan formularies. The Senate

Resolution requested that OHIC take our research one-step further and analyze this impact on patients with chronic medical conditions. Analyzing the impact of changes to formularies only for patients suffering from chronic medical conditions is a much more extensive type of study than what OHIC can feasibly conduct.

However, OHIC did continue their research and has engaged carriers in understanding what protocol they implement around notifying patients of modifications to prescription drug plan formularies. OHIC included language about modification notices around formularies in their Rate Approval Conditions. The exact language included stated:

“An issuer shall not substantially modify its prescription drug formulary unless it uses a reasonable process to notify affected members of the modification. The notice shall include information on the issuer’s process that permits the member or provider to request a medical necessity exception to receive coverage if adverse to the formulary modification. On or before November 20, 2015 issuers shall file with the Commissioner, for informational purposes, their process for substantial modifications.”

For purposes of the condition, OHIC defined “substantial modification” to mean discontinuation of a prescription drug, an increase of the tier category for a prescription drug, or an increase in consumer cost sharing for the prescription drug.

To date, OHIC has received responses from three of the four major commercial carriers. What OHIC discovered is: (1) all carriers provide written notification to the patients and providers, via mail, of any formulary changes; and (2) timing of when to inform the patients and providers of the changes differs amongst carriers. Some carriers will give a 30-day notice and some will give a 90 day notice.

The responses from the carriers has helped OHIC to understand what process is currently being used by each commercial carrier and to analyze where and how adjustments can be made to better serve the consumer. It is important to note that OHIC still has more work to do in this area. OHIC will be continuing conversations with the commercial carriers on this topic to better understand the process.

It is important for OHIC to protect the consumer, ensure adequate access to the drugs they need and to do so in a way that would keep premium costs down. Once OHIC has collected the information they need, OHIC’s goal is to pursue the best solution possible to address the problem.



***3:30 2016 Legislative Package, Bob Cooper, Executive Secretary***

**Purpose/Goal: To review the Commission’s 2016 legislative package**

The Commission adopted the 2016 Legislative and Administrative Initiatives at its November 30, 2015 meeting. The Legislative Items are:

**Healthcare/Medicaid employment support services needed to sustain paid work<sup>1</sup>; to remain maximum independent**

**a) Legislative:**

- i) Increase the level of funding for:
  - (1) In-state traumatic brain injury comprehensive treatment center
  - (2) Parents to receive caregiver stipends for adult children with severe impairments.
  - (3) Annually increase the state’s share of Supplemental Security Income (SSI) benefits to match the federal SSI benefits cost of living adjustment.
  - (4) Incontinent supplies (double ply adult diapers);
  - (5) Adult services for individuals with developmental disabilities
  - (6) Respiratory therapist services in nursing homes
- ii) Restore the 2008 eligibility rules / level of services for children in the Katie Beckett program and children with autism spectrum disorders;

**Housing supports need for successful employment**

**a) Legislative:**

- i) Restore the Neighborhood Opportunities Program<sup>2</sup> funding;
- ii) Create supportive housing programs for:
  - (1) Homeless individuals with disabilities; housing coupled with services and case management to stabilize in permanent housing at affordable rents for persons receiving Supplemental Social Security Income (SSI).
  - (2) Former convicts with behavioral health needs; housing coupled with long-term support services and case management to facilitate re-entry into the community.
- iii) Maintain Home Modification funding level.

**Education needed to become and remain employable**

**a) Legislative:**

- i) Enactment of the 2016 versions of H [5383](#)<sup>3</sup> and S [299 SUB A](#) act would direct all school superintendents to review discipline data for their school district, to decide whether there is a disparate impact on students based on race, ethnicity, or disability status.

**Transportation to education, employment, job training, health care, etc.**

**a) Legislative:**

- i) Maintain the existing RIPTA/RIde service areas;
- ii) Adequate funding/new & stable funding source;
- iii) Expand the RIPTA/RIde service areas/hours beyond the existing service/hours to provide a statewide service; and
- iv) Require RIPTA to establish a sliding scale fare for both RIPTA & RIde passengers.



**Draft legislation to Establish Sliding Scale Fares for both RIPTA/Ride ADA Paratransit service.**

1  
2

CHAPTER 39-18 Rhode Island Public Transit Authority

§ 39-18-4 Powers and duties of the authority. - (a) The authority is hereby authorized and empowered:

<sup>1</sup> § 40-8.7-4 Definitions (3) "Employment Support Services" means activities work including: benefits counseling; supervision; job coaching; vocational evaluation; case management; job development; customized employment; job training; transportation; training; tools; equipment; and technology, subject to Centers for Medicare and Medicaid Services approval.

<sup>2</sup> The Neighborhood Opportunities Program provides Family Affordable Housing - housing for very low-income families; and Permanent Supportive Housing - housing for disabled and special needs persons coupled with essential services.

<sup>3</sup> H 5383 <http://webserver.rilin.state.ri.us/BillText/BillText15/HouseText15/H5383.pdf> and S 299 SUB A <http://webserver.rilin.state.ri.us/BillText/BillText15/SenateText15/S0299A.pdf>

3 (1) To adopt bylaws for the regulation of its affairs and the conduct of its business;  
4 (2) To adopt an official seal and alter the seal at pleasure;  
5 (3) To maintain an office at such place or places within the state as it may designate;  
6 (4) To sue and be sued in its own name, plead and to be impleaded; provided, however, that any and all actions  
7 against the authority shall be brought only in the county in which the principal office of the authority shall be  
8 located;

9 (5) To acquire, purchase, hold, use, and dispose of any property, real, personal, or mixed, tangible or  
10 intangible, or any interest therein necessary or desirable for carrying out the purposes of the authority, and, to  
11 lease as lessee or lessor any property, real, personal or mixed, or any interest therein for such term and at such  
12 rental as the authority may deem fair and reasonable, and to sell, transfer, convey, mortgage, or give a security  
13 interest in any property, real, personal, or mixed, tangible or intangible, or any interest therein, at any time  
14 acquired by the authority;

15 (6) To employ, in its discretion, planning, architectural, and engineering consultants, attorneys, accountants,  
16 construction, financial, transportation, and traffic experts and consultants, superintendents, managers, and such  
17 other officers, employees, and agents as may be necessary in its judgment, and to fix their compensation;

18 (7)(i) To fix from time to time, subject to the provisions of this chapter, schedules and such rates of fare and  
19 charges for service furnished or operated as in its judgment are best adopted to insure sufficient income to meet  
20 the cost of service; provided, however, the authority is not empowered to operate a passenger vehicle under its  
21 control in competition with passenger vehicles of a private carrier over routes which the private carrier operates  
22 pursuant to a certificate of public convenience and necessity issued to the private carrier by the division of public  
23 utilities and carriers; and provided further that the authority shall not require any person <sup>(delete)</sup>who meets the  
24 means test criteria as defined by the Rhode Island Department of Elderly Affairs and <sup>(delete)</sup>who is either sixty-five  
25 (65) years of age, or over, or who is disabled <sup>(add)</sup>as determined under § 1614(a)(3) of the Social Security Act, 42  
26 U.S.C. § 1382c(a)(3), as amended;

27 (A) whose income does not exceed one hundred percent (100%) of the federal poverty level (as revised  
28 annually) applicable to the individual<sup>(add)</sup> to pay more than one-half (1/2) of any fare for bus rides during peak  
29 hours; provided, however, that under no circumstances shall fares or charges for special service routes be  
30 discounted, <sup>(add)</sup>and pay no more than one-quarter (1/4) of any fare for bus rides during off-peak hours, <sup>(add)</sup>  
31 <sup>(delete)</sup>Any person who is either sixty-five (65) years of age, or over, or who is disabled, who does not satisfy  
32 the means test criteria as heretofore provided, <sup>(delete)</sup><sup>(add)</sup>whose income is greater than one hundred percent  
33 (100%) and does not exceed two hundred fifty percent (250%) of the federal poverty level (as revised annually)  
34 applicable to the individual<sup>(add)</sup> shall only be required to pay one-half (1/2) of the fare or charge for bus rides  
35 during off-peak hours, but shall not be eligible for a reduction during peak hours. For the purposes of this  
36 chapter, "peak hours," "off-peak hours" and "special service routes" shall be determined annually by the  
37 authority. The authority, in conjunction with the department of human services, shall establish an advisory  
38 committee comprised of seniors/persons with disabilities constituent users of the authority's services to assist in  
39 the implementation of this section;

40 (ii) Any person who accompanies and is assisting a person with a disability when the person with a disability  
41 uses a wheelchair shall be eligible for the same price exemptions extended to a person with a disability by  
42 subsection (7)(i). The cost to the authority for providing the service to the elderly shall be paid by the state;

43 (iii) Any person who accompanies and is assisting a passenger who is blind or visually impaired shall be  
44 eligible for the same price exemptions extended to the passenger who is blind or visually impaired by subsection  
45 (7)(i). The cost to the authority for providing the service to the elderly shall be paid by the state;

46 (iv) The authority shall be authorized and empowered to charge a fare for any paratransit services required by  
47 the Americans with Disabilities Act, 42 U.S.C. § 12101 et seq., in accordance with 49 C.F.R. Part 37. <sup>(add)</sup>Any  
48 person eligible for ADA paratransit service whose income does not exceed one hundred percent (100%) of the  
49 federal poverty level (as revised annually) applicable to the individual shall pay no more than one-half (1/2) of  
50 any fare for paratransit services. <sup>(add)</sup>

51 (8) To borrow money and to issue bonds of the authority for any of its purposes including, without limitation,  
52 the borrowing of money in anticipation of the issuance of bonds or the receipt of any operating revenues or other  
53 funds or property to be received by the authority, and the financing of property to be owned by others and used,  
54 in whole or substantial part, by the authority for any of its purposes, all as may from time to time, be authorized  
55 by resolution of the authority; the bonds to contain on their face a statement to the effect that neither the state  
56 nor any municipality or other political subdivision of the state shall be obligated to pay the same or the interest  
57 thereon;

58 (9) To enter into management contracts for the operation, management, and supervision of any or all transit  
59 properties under the jurisdiction of the authority, and to make and enter into all contracts and agreements  
60 necessary or incidental to the performance of its duties and the execution of its powers under this chapter;

61 (10) Without limitation of the foregoing, to borrow money from, to receive and accept grants for or in aid of the  
62 purchase, leasing, improving, equipping, furnishing, maintaining, repairing, constructing, and operating of transit  
63 property, and to enter into contracts, leases, or other transactions with any federal agency; and to receive and

64 accept from the state, from any municipality, or other political subdivision thereof, and from any other source, aid  
 65 or contributions of either money, property, labor, or other things of value, to be held, used and applied only for  
 66 the purposes for which the grants and contributions may be made;

67 (11) To acquire in the name of the authority, by negotiated purchase or otherwise, on such terms and  
 68 conditions and in such manner as it may deem proper, or by the exercise of the power of condemnation to the  
 69 extent only and in the manner as provided in this chapter, such public and private lands, including public parks,  
 70 playgrounds or reservations, or parts thereof, or rights therein, rights-of-way, property rights, easements, and  
 71 interests as it may deem necessary for carrying out the provisions of this chapter; provided, however, that all  
 72 public property damaged in carrying out the powers granted by this chapter shall be restored or repaired and  
 73 placed in its original condition as nearly as practicable;

74 (12) To contract with any municipality, public or private company or organization, whereby the authority will  
 75 receive a subsidy to avoid discontinuance of service, and each municipality within the state is hereby authorized  
 76 to make and enter into such contracts and to make, grant, or give to the authority a subsidy in such amount and  
 77 for such period of time as it may deem advisable;

78 (13) To operate service to nearby Massachusetts and nearby Connecticut terminals for the purpose of  
 79 deboarding Rhode Island passengers at major traffic generating locations for the benefit of passengers and to  
 80 board Rhode Islanders for the return trip, provided, however, that the authority operate closed door in  
 81 Massachusetts and nearby Connecticut to and from its destination; and

82 (14) To do all things necessary, convenient, or desirable to carry out the purpose of this chapter.

83 (b) To effectuate the purposes of this chapter the authority shall have the following duties:

84 (1) To participate in and contribute to transportation planning initiatives that are relevant to the purposes of the  
 85 authority;

86 (2) To plan, coordinate, develop, operate, maintain and manage a statewide public transit system consistent  
 87 with the purposes of the authority, including plans to meet demands for public transit where such demand,  
 88 current or prospective, exceeds supply and/or availability of public transit services;

89 (3) To work with departments, agencies, authorities and corporations of federal, state and local government,  
 90 public and private institutions, businesses, non-profit organization, users of the system and other entities and  
 91 persons to coordinate public transit services and provide a seamless network of mobility options.

	<p><b>MOTION:</b> To authorize the submission of the draft bill authorizing sliding scale fares RIPTA/RIde as presented          Motion moved by AS, seconded by JR, <i>passed unanimously</i></p>
	<p><b>3:40 Proposed Amendments to the State's Medicaid Regulations, Linda Ward</b></p> <p><b>Purpose/Goal:</b> To review and comment on Proposed Reinventing Medicaid 2015 Amendments</p>
	<p><b>RI SPA 15-017 Cedar Family Center Redesign</b></p>
	<p>Michael Cancilliere &amp; Janet Marquez presented.          PASS is no longer done by CEDAR. A fast transition should be completed by Jan. 1, 2016.          New Model short-term service (up to 1 year) primarily a needs assessment and action plan entity, change from clinical assessment to a “needs assessment”.          Then family has to decide whether to go forward with or without CEDAR - with a 40 to 50% cut in funding.          CEDAR now a Home Healthcare Provider. (No longer whole child provider) the Managed Care Plan don't provide transportation, transition to school, connecting the family to food stamps, and other social services that CEDAR traditionally provided.          The Manage Care Organization will be the authorizing entity, not a home based provider.</p>





**MOTION: To find harmful unless amended the proposed RI SPA 15-017 Reinventing Medicaid 2015 Amendments: CEDARR Family Center Redesign and request a public hearing, implementation very rushed, lack of whole child action planning, Motion moved by JR, seconded by AP, passed unanimously**

**RI SPA 15-014 Adult Medical Day Care Services**

**STATE OF RHODE ISLAND  
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES  
11/30/2015 PUBLIC NOTICE OF PROPOSED AMENDMENT TO RHODE ISLAND  
MEDICAID STATE PLAN**

In accordance Rhode Island General Laws 42-35, notice is hereby given that the Executive Office of Health and Human Services (EOHHS) proposes to make the following amendment to the Rhode Island State Plan under Title XIX of the Social Security Act:

**Reinventing Medicaid 2015:  
Adult Medical Day Care Services**

As part of Governor Gina Raimondo's effort to reform Medicaid, the Working Group to Reinvent Medicaid issued an April report that recommended numerous initiatives to achieve financial savings in State Fiscal Year (SFY) 2016. The Governor introduced those recommendations in a budget article entitled, "The Reinventing Medicaid Act of 2015." The Rhode Island General Assembly passed the Reinventing Medicaid Act in June.

As a result of the Act's passage, EOHHS is seeking federal authority to implement several changes to the Medicaid program. This state plan amendment will implement a clinical authorization process and institute an acuity-based rate structure for Adult Day Care. This change will yield an estimated \$1 million in savings.

This proposed amendment is accessible on the EOHHS website ([www.eohhs.ri.gov](http://www.eohhs.ri.gov)) or available in hard copy upon request (401-462-1965 or RI Relay, dial 711). Interested persons should submit data, views, or written comments by December 31, 2015 to Darren J. McDonald, Executive Office of Health and Human Services, Hazard Building, 74 West Road, Cranston, RI, 02920, or [darren.mcdonald@ohhs.rI.gov](mailto:darren.mcdonald@ohhs.rI.gov).

In accordance with the Rhode Island General Laws 42-35-3, an oral hearing will be granted on the proposed State Plan Amendment if requested by twenty-five (25) persons, an agency, or by an association having at least twenty-five (25) members. A request for an oral hearing must be made within thirty (30) days of this notice.

The Executive Office of Health and Human Services does not discriminate against individuals based on race, color, national origin, sex, gender identity or expression, sexual orientation, religious belief, political belief, or handicap in acceptance for or provision of services or employment in its programs or activities.

Attachment 3.1-A  
Supplement to Page 6

13D. Rehabilitative Services (cant.)

**Adult Medical Day Care Services**

Definition:

Adult Medical Day Care Services -- a daytime community-based program for adults that provide a variety of social, recreational, health, nutrition, and related support services in a protective setting. These may include a range of more intensive or specialized services such as medication administration, limited skilled nursing, and/or personal care for beneficiaries with higher-level acuity needs.

Clinical Criteria:

- To qualify for Adult Day Care services, a Rhode Island Medicaid member must meet all of the following criteria:
- a. Have a medical or mental dysfunction that involves one or more physiological systems and indicates a need for nursing care, supervision, therapeutic services, support services, and/or socialization.
  - b. Require services in a structured Adult Day Care setting;
  - c. Have a personal physician;
  - d. Require a health assessment, oversight and monitoring or services provided by a licensed nurse; and meet the Preventive Level of Care as defined in the 1115 Waiver Renewal Attachment D- Level of Care Criteria.

Qualified Providers:

Services are provided by Adult Day Centers with which the Executive Office of Health and Human Services or the Department of Behavioral Health, Developmental Disabilities, and Hospitals have provider agreements.

## Traumatic Brain Injury Services

### Definition:

Traumatic Brain Injury services refer to rehabilitative residential treatment provided to individuals who had a severe brain injury who are unable to live in the community due to severe behavioral and/or cognitive dysfunction as the result of the brain injury, and for whom no other appropriate placement within Rhode Island is available. Room and board is not covered as part of these services.

Rehabilitative residential treatment is provided in a 24-hour therapeutic residential program that offers group and individual treatment. This treatment includes, but is not limited to, training and reinforcement of Activities of Daily Living, medication management, training, and therapies as warranted by the individual plan of care.

### Provider Qualifications:

Residential treatment facilities must be licensed as a Residential Treatment Facility; have accreditation by the Joint Commission on Accreditation of Healthcare Organizations; and current accreditation by the Commission on Accreditation of Rehabilitation Facilities.

## Adult Medical Day Care Services

### Payment Methodology:

Services are reimbursed based upon acuity. The 2 levels of services are Basic and Enhanced:

#### Basic Level of Services

- Provision by the Adult Day Care Provider of an organized program of supervision, health promotion, and health prevention services that include the availability of nursing services and health oversight, nutritional dietary services, counseling, therapeutic activities, and case management.

#### Enhanced Level of Services

- Provision of services by the Adult Day Care Provider when the participant meets at least one of the five (5) requirements outlined in Enhanced Level of Service in the ADC 1.3 Service Levels.

The State Medicaid agency will have a contract with each entity receiving payment under this service that will require that the entity furnish to the Medicaid agency on an annual basis the following:

a. data, by practitioner, on the utilization by Medicaid beneficiaries of the services included in the unit rate and;

b. cost information by practitioner type and by type of service actually delivered within the service unit.

Future rate updates will be based on information obtained from the providers.

### Rate Increases

The State does not increase rates based on a set inflation factor on a pre-determined basis.

### Date of Effective Rates:

The agency rates were set as of January 1, 2008 and are effective for services on or after that date.

## Traumatic Brain Injury Services

### Payment Methodology

The rate is structured to capture all of the staff costs associated with providing the basic, routine day-to-day rehabilitative care uniformly provided to all residents that either takes place in the program, or is provided by staff of the program.

Payment is on a per diem basis.

Payment does not include room and board.

The State Medicaid agency will have a contract with each entity receiving payment under this service that will require that the entity furnish to the Medicaid agency on an annual basis the following:

a. data, by practitioner, on the utilization by Medicaid beneficiaries of the services included in the unit rate and;

b. cost information by practitioner type and by type of service actually delivered within the service unit.

Future rate updates will be based on information obtained from the providers.

### Rate Increases

The State does not increase rates based on a set inflation factor on a pre-determined basis.

### Date of Effective Rates:

The agency rates were set as of January 1, 2008 and are effective for services on or after that date.



**MOTION: To find harmful unless amended the proposed RI SPA 15-014 Reinventing Medicaid 2015 Amendments: Adult Medical Day Care Services, request a public hearing, etc.**

	Motion moved by JR, seconded by AP, passed unanimously
	<p><b><i>4:15 H.R. 3229 and S. 2196 Acts To amend title XVIII of the Social Security Act to provide for the non-application of Medicare competitive acquisition rates to complex rehabilitative wheelchairs and accessories, Linda Ward</i></b></p>
	<p><b>Purpose/Goal: To review and comment on Centers for Medicare and Medicaid Proposed 2016 Medicare fee schedule</b></p>
	<p>November 25, 2015  CRT Stakeholders and Friends,  Late Monday, CMS published the 2016 Medicare fee schedule. As feared, the new payment rates include major reductions (as high as 30% to 40% or more) to complex rehab wheelchair accessories.  These cuts are being implemented by CMS in violation of prior Congressional legislation. They will dramatically reduce or outright eliminate access for people with disabilities who rely on individually configured complex rehab wheelchairs and critical components such as seating equipment, positioning systems, and specialty controls.  <b>There is one last chance to stop this and protect access.</b> We need to use the next 7 to 10 days to get Congress to add our complex rehab wheelchair accessory legislation, HR-3229/S-2196, to a larger bill and pass it before they adjourn in mid-December.  We have had discussions with our Congressional champions. The good news is they remain committed to working to getting our bill passed. But they can't do it alone. They have indicated that constituents must generate more support by connecting with their own representatives and telling them this is a priority.  Now is the time to contact or re-contact your Members via phone. The message is simple: "I need you to attach HR-3229/S-2196 to larger legislation and pass it before you adjourn in December".  Please go to <a href="http://www.protectmymobility.org">www.protectmymobility.org</a> and use the links to make your contacts. Be persistent until you get a commitment and let us know if you need any assistance.  We can make this happen if enough people make the time to contact Congress. We will be providing further updates as we move ahead. Thanks for making this a priority!  Regards,  Don  Donald E. Clayback  Executive Director   NCART<sup>4</sup></p>
	<p>Co-Sponsors of H.R. 3229 and S. 2196 by State at 11-25-15 Rep. Langevin  Introduced in House (07/27/2015)</p>

<sup>4</sup> The National Coalition for Assistive and Rehab Technology (NCART) is a national organization of suppliers and manufacturers of Complex Rehab Technology (CRT) products and services used by individuals with significant disabilities and chronic medical conditions. NCART seeks to ensure these individuals have appropriate access to CRT products and supporting services. In pursuit of that goal, NCART works with consumers, clinicians, and physicians along with federal, state and private policy makers to establish and protect appropriate coverage, coding, supplier standards, and funding policies.

This bill amends title XVIII (Medicare) of the Social Security Act to prohibit the application of Medicare competitive acquisition rates to complex rehabilitative wheelchairs and accessories. (A competitive bidding program has replaced the use of established fee schedule amounts to determine payments under Medicare for certain durable medical equipment such as wheelchairs.)

114th CONGRESS  
1st Session

**H. R. 3229**

To amend title XVIII of the Social Security Act to provide for the non-application of Medicare competitive acquisition rates to complex rehabilitative wheelchairs and accessories.

IN THE HOUSE OF REPRESENTATIVES

July 27, 2015

Mr. Zeldin introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

**A BILL**

To amend title XVIII of the Social Security Act to provide for the non-application of Medicare competitive acquisition rates to complex rehabilitative wheelchairs and accessories.

***Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,***

SECTION 1. Clarifying non-application of Medicare competitive acquisition rates to complex rehabilitative wheelchairs and accessories.

Section 1834(a)(1)(F) of the Social Security Act ([42 U.S.C. 1395m\(a\)\(1\)\(F\)](#)) is amended—

(1) in clause (ii), by striking at the end “and”;

(2) in clause (iii), by striking at the end the period and inserting “; and”; and

(3) by adding at the end the following new clause:

“(iv) in the case of covered items furnished on or after January 1, 2016, the Secretary shall not apply this subparagraph or any other provision of this title to use information from the competitive acquisition program to determine payment amounts for items excluded from such competitive acquisition program, including all complex rehabilitative manual and power wheelchairs classified by the Secretary as of January 1, 2015, and, without limitation, any wheelchair accessory, cushion, or back when furnished in connection with a complex rehabilitative manual or power wheelchair.”.

	Referred to the Executive Committee without comment.
	<b><i>4:25 Agenda for the Next Meeting, Linda Ward</i></b>
	<b>Purpose/Goal: To set the agenda for the next meeting.</b>
	Discussion: The Legislation Committee meetings in 2016 will be on the 1 <sup>st</sup> Monday 3 - 4:30 PM: 01/04 <sup>th</sup> ; 02/02 <sup>nd</sup> ; 03/07 <sup>th</sup> ; 04/04 <sup>th</sup> ; 05/2 <sup>nd</sup> ; 06/06 <sup>th</sup> ; 07/11 <sup>th</sup> ; 08/10 <sup>th</sup> ; <del>10/03<sup>rd</sup></del> ; 11/07 <sup>th</sup> ; and 12/05 <sup>th</sup> .
	<b>MOTION: To change the October meeting from the 3<sup>rd</sup> to the 17<sup>th</sup> to avoid conflicts with religious holidays.</b> <b>Motion moved by AS, seconded by AP, passed unanimously</b>
	<b><i>4:30 Adjournment, Linda Ward</i></b> <b>MOTION: To adjourn at 4:27 PM</b> <b>Motion moved by RC, seconded by AS, passed unanimously</b>