

POLICY DATA BRIEF

Access to Durable Medical Equipment

An estimated 397,309 Americans — 12.3% of all those with paralysis — are doing without essential equipment that could enable them to live healthy independent lives in their own homes and communities.



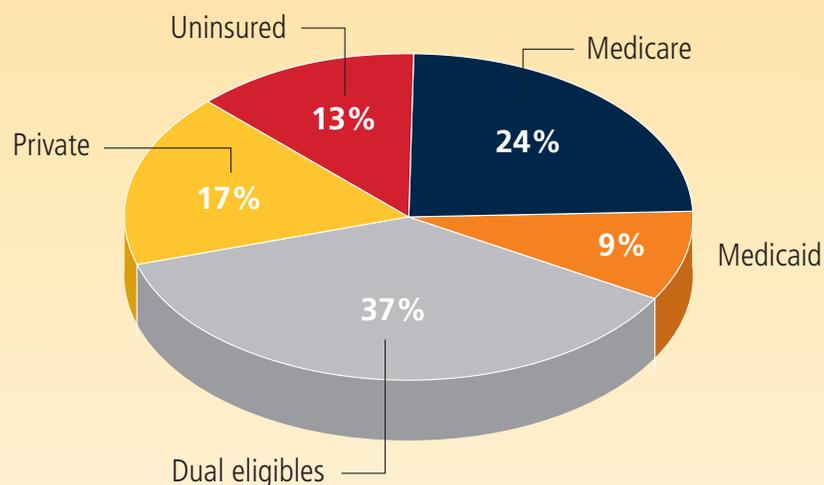
THE ISSUE

For people with paralyzing conditions — such as spinal cord injury or multiple sclerosis — wheelchairs, breathing equipment, and speaking and other communications devices are lifelines to the world around them. Many people with paralysis need durable medical equipment to work, communicate, socialize and otherwise fully participate in life. Such equipment might include wheelchairs, communications tools, devices to help people transfer in and out of wheelchairs, and respiratory devices.

This health policy brief identifies the primary barriers to accessing needed equipment and how to ensure that people living with paralysis can obtain the equipment they need.

HOW PUBLIC AND PRIVATE HEALTH INSURANCE COVERAGE FALL SHORT

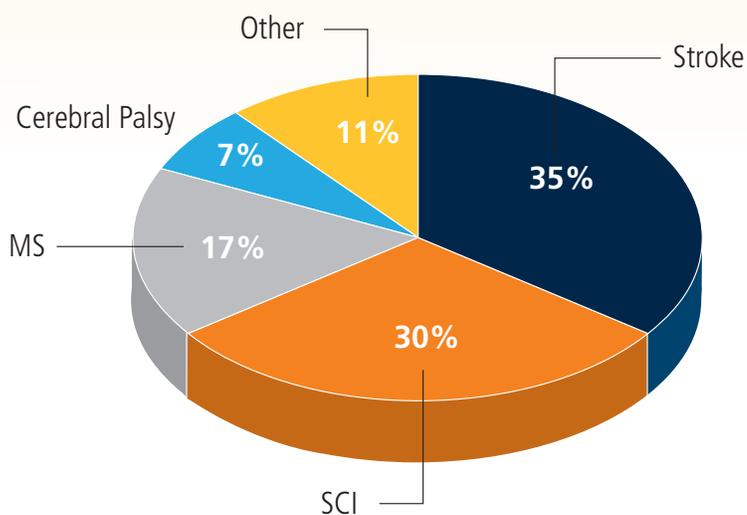
Lack of insurance is not the primary reason so many people are unable to access the adaptive equipment they need — 87% of those who reported problems accessing durable medical equipment have health insurance. Twenty-four percent have Medicare, the program that serves those 65 and older, as well as people of all ages with disabilities like spinal cord injury. Another 17% have private insurance, 9% have Medicaid and 37% are eligible for both Medicare and Medicaid.



Only 13% of those having trouble obtaining durable medical equipment lack health insurance.

WHO LACKS ACCESS TO DURABLE MEDICAL EQUIPMENT?

Of the people who reported being unable to obtain the durable medical equipment they need, 35% had a stroke, 30% had a spinal cord injury, 17% had multiple sclerosis, 7% had cerebral palsy, and 11% had another paralyzing condition.



Most people struggling to obtain durable medical equipment either had a stroke or have a spinal cord injury.

RECOMMENDATIONS

People who cannot access needed durable medical equipment are at greater risk of being forced to live in an institution or developing preventable secondary conditions.

Recent changes in the Medicare program have made access to DME more challenging for Medicare beneficiaries. The Affordable Care Act expanded coverage, but implementation and adherence has been inconsistent across states.

- In 2011, Medicare initiated a competitive bidding program that changes the amounts Medicare pays suppliers for durable medical equipment and limits who can supply these items. The program has made it more difficult to find equipment providers and is causing delays in obtaining equipment. In 2016 this program will expand to include even more of the specialized equipment that people with significant physical disabilities need. **Medicare should fully exempt all of the complex rehabilitation technologies needed by people with paralysis from competitive bidding or other cost-saving mechanisms.**
- Complex rehabilitation technology (CRT) refers to medically necessary products and services that are individually configured such as, manual and power wheelchair systems, and require a broader range of services and specialized personnel than those required for standard durable medical equipment. Medicare does not fully recognize this distinction, or acknowledge the range of services furnished by complex rehab providers. The Ensuring Access to Quality Complex Rehabilitation Technology Act (H.R. 1516/S. 1013) would establish a separate Medicare benefit for custom power wheelchairs and other complex rehabilitation technology devices, improving access and fully exempting this technology from competitive bidding. **Congress should pass this or similar legislation to ensure access to CRT and the independence and quality of life that CRT brings to people with paralysis.**
- The Affordable Care Act expanded health insurance for people with disabilities, but coverage of DME has been inconsistent. Under the ACA, “rehabilitative services and devices” are one of the 10 essential health benefits that must be offered in every qualified health plan. However, the federal government did not define this benefit, leaving states and insurance carriers free to decide which medical devices to cover. As a result, coverage of durable medical equipment varies considerably among states and health plans. **The Department of Health and Human Services should follow the Congressional intent of the ACA and create a nationally defined and robust benefit for habilitative and rehabilitative services and devices in the next revision of Essential Health Benefits or other ACA regulations.**
- Coverage in a private health plan does not necessarily equate to access or affordability. Many of the health plans offered on Health Insurance Marketplaces have high deductibles and copays, creating a financial barrier to obtaining durable medical equipment even if it is covered under the plan. **Federal and state governments should fully enforce—and Congress should strengthen—the cost-sharing protections of the ACA.**

ABOUT THE SURVEY

A national, population-based, random-digit-dial survey of over 70,000 households was conducted in 2012 to better understand the health and quality of life of people living with paralysis. The survey used a functional definition of paralysis based on the International Classification of Functioning: *“Paralysis is a central nervous system disorder resulting in difficulty or inability to move the upper or lower extremities.”* Paralyzing conditions include stroke, spinal cord injury, multiple sclerosis, spina bifida, cerebral palsy and others. Items used on the population survey were taken from normed, validated surveys including the American Community Survey, Behavioral Risk Factor Surveillance System and others, for the purpose of comparing people who are paralyzed with people with other physical disabilities as well as with those without disabilities. The survey focused on health status, severity, use of and barriers to receiving health care, secondary conditions and comorbidity, affordability of health care, preventive care and health risk behaviors.

ACKNOWLEDGMENTS

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