

1 STATE OF OKLAHOMA

2 1st Session of the 55th Legislature (2015)

3 SENATE BILL 754

By: David

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6 AS INTRODUCED

7 An Act relating to Medicaid; creating the Commitment
8 to Care for People with Complex Physical Disabilities
9 Act; defining certain terms; requiring Oklahoma
10 Health Care Authority to consider certain needs when
preparing budget, provide certain coverage and
establish certain regulations and policies; providing
for codification; and providing an effective date.

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13 BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

14 SECTION 1. NEW LAW A new section of law to be codified
15 in the Oklahoma Statutes as Section 1012.1 of Title 56, unless there
16 is created a duplication in numbering, reads as follows:

17 This act shall be known and may be cited as the "Commitment to
18 Care for People with Complex Physical Disabilities Act".

19 SECTION 2. NEW LAW A new section of law to be codified
20 in the Oklahoma Statutes as Section 1012.2 of Title 56, unless there
21 is created a duplication in numbering, reads as follows:

22 As used in the Commitment to Care for People with Complex
23 Physical Disabilities Act:

1 1. "Complex physical disability" means a diagnosis or medical
2 condition that results in significant physical impairment and/or
3 functional limitation. Such term shall include, but not be limited
4 to, individuals with spinal cord injury, traumatic brain injury,
5 cerebral palsy, muscular dystrophy, spina bifida, osteogenesis
6 imperfecta, arthrogryposis, amyotrophic lateral sclerosis, multiple
7 sclerosis, demyelinating disease, myelopathy, myopathy, progressive
8 muscular atrophy, anterior horn cell disease, post-polio syndrome,
9 cerebellar degeneration, dystonia, Huntington's disease,
10 spinocerebellar disease, and certain types of amputation, paralysis,
11 or paresis that result in significant physical impairment and/or
12 functional limitation. The term "complex physical disabilities"
13 does not negate the requirement that an individual meet medical
14 necessity requirements under authority rules to qualify for
15 receiving CRT;

16 2. "Complex rehabilitation technology" (CRT) means items
17 classified within the Medicare program as of January 1, 2013, as
18 durable medical equipment that are individually configured for
19 individuals to meet their specific and unique medical, physical, and
20 functional needs and capacities for basic activities of daily living
21 and instrumental activities of daily living identified as medically
22 necessary. Such items shall include, but not be limited to, complex
23 rehabilitation manual and power wheelchairs and options/accessories,
24 adaptive seating and positioning items and options/accessories, and

1 other specialized equipment such as standing frames and gait
2 trainers and options/accessories;

3 3. "Employee" means a person whose taxes are withheld by a
4 qualified CRT supplier and reported to the Internal Revenue Service;

5 4. "Healthcare Common Procedure Coding System (HCPCS)" means
6 the billing codes used by Medicare and overseen by the federal
7 Centers for Medicare and Medicaid Services that are based on the
8 current procedural technology codes developed by the American
9 Medical Association;

10 5. "Individually configured" means a device has a combination
11 of sizes, features, adjustments or modifications that a qualified
12 complex rehabilitation technology supplier can customize to the
13 specific individual by measuring, fitting, programming, adjusting or
14 adapting the device as appropriate so that the device is consistent
15 with an assessment or evaluation of the individual by a qualified
16 health care professional and consistent with the individual's
17 medical condition, physical and functional needs and capacities,
18 body size, period of need, and intended use;

19 6. "Qualified complex rehabilitation technology professional"
20 means an individual who is certified as an Assistive Technology
21 Professional (ATP) by the Rehabilitation Engineering and Assistive
22 Technology Society of North America (RESNA);

23 7. "Qualified complex rehabilitation technology supplier" means
24 a company or entity that:

- 1 a. is accredited by a recognized accrediting organization
2 as a supplier of CRT,
- 3 b. is an enrolled Medicare supplier and meets the
4 supplier and quality standards established for durable
5 medical equipment suppliers, including those for CRT,
6 under the Medicare program,
- 7 c. employs as a W-2 employee at least one qualified CRT
8 professional for each location to:
- 9 (1) analyze the needs and capacities of the complex-
10 needs patient in consultation with qualified
11 health care professionals,
- 12 (2) participate in the selection of appropriate CRT
13 for such needs and capacities, and
- 14 (3) provide technology-related training in the proper
15 use of the CRT,
- 16 d. requires a qualified complex rehabilitation technology
17 professional be physically present for the evaluation
18 and determination of appropriate CRT,
- 19 e. has the capability to provide service and repair by
20 qualified technicians for all CRT it sells, and
- 21 f. provides written information at the time of delivery
22 of complex to the complex-needs rehab technology
23 regarding how the complex-needs patient may receive
24 service and repair; and

1 8. "Qualified health care professional" means a health care
2 professional licensed by the state who has no financial relationship
3 with a qualified complex rehabilitation technology supplier.

4 Qualified health care professional includes, but is not limited to:

- 5 a. a licensed physician,
- 6 b. a licensed physical therapist,
- 7 c. a licensed occupational therapist, or
- 8 d. other licensed health care professional who performs
9 specialty evaluations within the professional's scope
10 of practice.

11 SECTION 3. NEW LAW A new section of law to be codified
12 in the Oklahoma Statutes as Section 1012.3 of Title 56, unless there
13 is created a duplication in numbering, reads as follows:

14 A. The Oklahoma Health Care Authority shall take into
15 consideration the unique medical and functional needs of members
16 with complex physical disabilities when preparing or adjusting its
17 budget.

18 B. The Oklahoma Health Care Authority shall provide coverage
19 for specialty provider services, specialized equipment, and supplies
20 for people with complex physical disabilities. Such coverage shall
21 take into consideration the unique medical and functional needs of
22 people with complex physical disabilities by:

1 1. Identifying a means by which to recognize people with
2 complex physical disabilities through ID codes and/or billing
3 modifiers;

4 2. Determining current procedure terminology billing codes that
5 recognize specialized provider care and preserve a specialized rate
6 which will ensure access to care;

7 3. Identifying criteria required to establish qualifications as
8 a specialty provider; and

9 4. Classifying specialty products and goods into a separate
10 category and establishing a "reasonable access protocol" for certain
11 items.

12 SECTION 4. NEW LAW A new section of law to be codified
13 in the Oklahoma Statutes as Section 1012.4 of Title 56, unless there
14 is created a duplication in numbering, reads as follows:

15 The Oklahoma Health Care Authority shall establish focused rules
16 and policies for CRT products and services. These focused rules and
17 policies shall take into consideration the customized nature of CRT
18 and the broad range of services necessary to meet the unique medical
19 and functional needs of people with complex physical disabilities
20 by:

21 1. Designating specific HCPCS billing codes as CRT and, as
22 needed, creating new billing codes or modifiers for services and
23 products covered for people with complex physical disabilities;

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1 2. Establishing specific supplier standards for companies or
2 entities that provide CRT and restricting the provision of CRT to
3 only qualified CRT suppliers that meet such standards as defined in
4 Section 2 of this act;

5 3. Requiring complex-needs patients receiving a complex
6 rehabilitation manual wheelchair, power wheelchair, or seating
7 component to be evaluated by:

8 a. a qualified health care professional as defined in
9 Section 2 of this act, and

10 b. a qualified complex rehabilitation technology
11 professional as defined in Section 2 of this act;

12 4. Maintaining payment policies and rates for complex
13 rehabilitation technology to ensure payment amounts are adequate to
14 provide people with complex physical disabilities with access to
15 these items. The policies and rates shall take into account the
16 significant resources, infrastructure, and staff needed to
17 appropriately provide CRT to meet the unique needs of complex-needs
18 patients;

19 5. Exempting the HCPCS billing codes defined in Section 2 of
20 this act from inclusion in any bidding, selective contracting or
21 similar initiative;

22 6. Requiring that Managed Care Medicaid plans adopt the rules
23 and policies outlined in this act and contract with any willing,
24 qualified CRT supplier; and

1 7. Making other changes as needed to protect access to CRT for
2 complex-needs patients.

3 SECTION 5. This act shall become effective November 1, 2015.

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