Legislative Analysis

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COMPLEX NEEDS PATIENT ACT

Senate Bill 855 (S-1) as passed by the Senate
Sponsor: Sen. Kevin Daley
House Committee: Health Policy
Senate Committee: Health Policy and Human Services
Complete to 12-2-20

SUMMARY:

Senate Bill 855 would create a new act, the Complex Needs Patient Act, which would require the Department of Health and Human Services (DHHS) to establish focused policies and promulgate focused rules for ***complex rehabilitation technology*** products and services. The policies and rules would have to consider the individually configured nature of that technology and the broad range of services needed to meet the unique medical and functional needs of a ***complex needs patient.***

> ***Complex needs patient*** would mean an individual with a diagnosis of a medical condition that results in significant physical impairment or functional limitation. Complex needs patient would include an individual with spinal cord injury, traumatic brain injury, cerebral palsy, muscular dystrophy, spina bifida, osteogenesis imperfecta, arthrogryposis, 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, spinocerebellar disease, and certain types of amputation, paralysis, or paresis that result in significant physical impairment or functional limitation. A complex needs patient must meet medical necessity requirements in order to qualify for receiving ***complex rehabilitation technology***.
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> ***Complex rehabilitation technology*** would mean an item classified in the Medicare program as of January 1, 2019, as durable medical equipment that is individually configured for an individual to meet his or her specific and unique medical, physical, and functional needs and capacity for basic activities of daily living identified as medically necessary. Complex rehabilitation technology would include complex rehabilitation manual and power wheelchairs and options or accessories, adaptive seating and positioning items and options or accessories, and other specialized equipment such as standing frames and gait trainers and options or accessories.

The policies and rules developed by DHHS would have to do all of the following:

- Designate specific HCPCS billing codes (healthcare common procedure coding system, which refers to the billing codes used by Medicare) for complex rehabilitation technology and any new codes in the future as appropriate.
- Establish specific supplier standards for a company or entity that provides complex rehabilitation technology and restrict that provision to only a qualified supplier.
- Require a complex needs patient receiving a complex rehabilitation manual wheelchair, power wheelchair, or seating component to be evaluated by both a qualified health care professional and a qualified complex rehabilitation technology professional.

- Maintain payment policies and rates for complex rehabilitation technology to ensure that payment amounts are adequate to provide access. These policies and rates would have to account for the significant resources, infrastructure, and staff needed to meet the unique needs of a complex needs patient.
- Exempt the related complex rehabilitation technology HCPCS billing codes from inclusion in bidding, selective contracting, or similar initiative.
- Require that managed care Medicaid plans adopt the regulations and policies outlined in the act and include these regulations and policies in their contracts with qualified suppliers.
- Make other changes as needed to protect access to complex rehabilitation technology for complex needs patients.

FISCAL IMPACT:

Senate Bill 855 would likely have a minor fiscal impact on the state Medicaid program. This bill would specify a separate category for certain Medicaid recipients—individuals requiring complex rehabilitation equipment—that require specialized care and equipment for a defined list of disabilities. Any increase in costs would be directly related to the costs of individualized equipment and care required, but would likely be minimal due to the specificity of the population subset and any decreases in other medical costs resulting from improved care.

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