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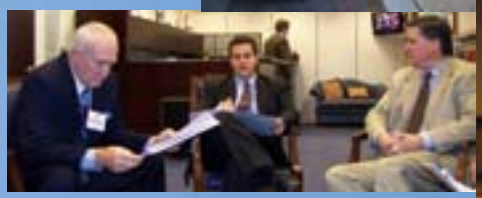
DIRECTIONS

Formerly NRRTS News

[NRRTS]



CELA '08 RECAP

pictures and stories, pages 16-22

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Stay the Course

WEESIE WALKER, CRTS®
President
NRRTS

RECENTLY, WE RECEIVED AN e-mail from a registrant who felt because he had received his ATS credential, there wasn't a need to maintain his NRRTS registration. However, in light of the current state of our industry and profession, he could not be farther from the truth.

Supporting NRRTS is now more important than ever. First, NRRTS is the only organization exclusively representing the professional RTS. Second, NRRTS registrants are kept up to date as new industry information becomes available. This may be one of the most important functions of our executive director, Simon Margolis. He assimilates crucial information by sifting through pages and pages of government verbiage and then he concisely communicates the main message to our registrants. Who else would ever have the time to wade through these many documents and figure out how the information will impact us? Third, Simon communicates NRRTS' position to members of Congress and others to educate policy makers on who we are and what we do.

Supporting NRRTS is now more important than ever.

Additionally, NRRTS provides the highest quality education for RTSs and therapists. We work hard to develop quality programs and make them affordable. In the past year, NRRTS has provided education at Medtrade®, ISS and in Washington, D.C. This year, we introduced the TeleSeminars, a convenient program that has been very well received.

At the AOTA conference this year, Charles Berstecher, OTR, ATP, and I presented a segment about the benefits of working with certified suppliers. The OTs learned about the resources NRRTS provides to therapists working in the AT field, including access to our website and to our publication, *DIRECTIONS*. They now know registrants work within a standard of practice and code of ethics. Several OTs have already requested information from NRRTS about CRTS®s in their areas.

NRRTS has a difficult road ahead, and we must stay the course. We cannot waiver on the importance of our role in the provision of assistive technology. Our expertise will always be necessary, because we are the solution, not the problem. We have to push forward by getting the word out to our clients, therapists, physicians, payers and policy makers. There is no turning back, and we need the support of all our registrants. We will stay the course.

ABOUT THE AUTHOR:
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Weesie Walker, CRTS® and Charles Bertecher, OTR, ATP

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What's the Matter With NRRTS?

A Personal Revelation About my Role in Affecting Change

JIM NOLAND, CRTS®
PRESQUE ISLE REHAB TECHNOLOGIES, L.L.C.

I PAID MY DUES. I went to the seminars, took the test and am a card-carrying CRTS®. I work long hours each day pouring myself out to the amazing community of people we serve living with disabilities. How is it after all of these years of giving 127 percent that I am facing a dimmer future for my professional livelihood? It must be NRRTS' fault.

NRRTS could have a greater role in our professional lives if I was more interested in making NRRTS something more.

On a national level, the rise of the direct-to-consumer organizations and the stunning lack of understanding from Congress are disheartening. Medtrade® has changed, and there seems to be diminished power in our national coalition to progress the role of the CRTS® and other advocates for people living with disabilities. We are in a reactionary fight for our lives with the rehab carve-out efforts in Congress. NRRTS somehow let us down.

But, wait a minute…I am a card-carrying CRTS®. I am NRRTS. I have a say in all of this! There is no running from the fact NRRTS could have a greater role in our professional lives if I was interested in making NRRTS something more. I have to move beyond my perception that NRRTS is where I send my dues and CEUs. There are committees I can serve on, opinions I can offer and plenty of legislative work that can be done. I could even get involved with my local congressional representative so I have that voice with him or her when NRRTS calls me to take action.

There are so many goals that can be achieved with a strong national NRRTS body. Primarily, we could move to a proactive model like the APTA by influencing legislation and accreditation standards that cement the role and livelihood of the CRTS®. Specialty certifications in pediatrics, wound care and neurology could be developed so I could differentiate myself from nationally advertised chains and progress the professional status of the CRTS®.

How do I do it? Where do I start helping NRRTS? I will spend time paying attention to the national efforts. I will volunteer my time for NRRTS committees and offices. (My friend, Dan Lipka, was president of NRRTS and he seems to be no worse for wear!) I will put forth my thoughts about new marketing ideas and business development. If others have better ideas, I will listen to them as we work together for our cause and for our survival.

The truth is there is nothing wrong with NRRTS except for the level of interest and attention paid to it by its inactive registrants. If I want something to improve or develop, I need only pay attention to it and look for ways to improve on what is being done. Don't like my ideas? Then let's hear yours—really! NRRTS is a great organization that can only be improved by you. Keep the faith.

ABOUT THE AUTHOR:
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Did I Give You a Startle?

MEG PAULSEN
Miss Wheelchair Washington

I don't think I will ever become accustomed to startling people, though it happens at least once a day. At least one person I meet in my daily travels will gasp in surprise upon crossing my path. I know that some of these occurrences are due to my own actions, like going too fast around a corner at work while someone else is also coming around the other corner too fast. At least in those situations I am also gasping at the encounter and then laughing with my coworker at the close call.

I set out to create a life that was better than just "normal."

The startling started in my childhood. I remember shopping at the mall with my mom when I was a young teen. A woman approached her, and with great pity in her voice and deep concern on her face, asked if I could read. The startled look of confusion was on my mom's face this time; it took her a moment to realize the woman was referring to me. I don't recall what my mom's response was, but I am sure that episodes of her nagging me to stop reading and set the dinner table were running through her mind. She may have even been attempting to suppress laughing at the fact that the woman's perception was as far from the truth as humanly possible.

My mom sidestepped the woman and her inquiry. It was at that moment I truly understood that I was perceived differently. Because I was born with my disability and had parents who did everything in their power to instill in me that I was no different than anyone else, up until that moment in my life I hardly noticed the differences—I was too busy being a kid and having a childhood. Even when I was literally the only person in a school auditorium who used a wheelchair, I fit in and life was filled with fun, friends and fellowship.

It wasn't until the transition into my teenage years—from the safety of known places, people and activities to the great unknown of adulthood—that the startling change in how others viewed me really began affecting me. It was at that time I could have begun to let other's perceptions of me tinge my own perception of myself. At times of challenge, it would have been easier to give up and just let the situations and/or other people in my life direct me toward the paths of least resistance. In a way, I felt I had to become better in the eyes of others, so I set out to create a life that was better than just "normal." I can say this has served me well and motivated me beyond living a complacent life depending on others for my livelihood and joy.

My own startling response to the judgment of others was to, in turn, judge others harshly; if you didn't look a certain way, I would not include you in my life. I justified this by the fact I was consistently, undeniably judged upon sight. The unfortunate part of living from that position was that not only was I missing out on meeting truly incredible people, but I was being a huge hypocrite—doing unto others what I did NOT want done to me. I had the opportunity in my young adulthood to have the tools necessary to look inward and discover in a very deep and meaningful way what I was doing in my life that was keeping me from my highest and best self. It was at that startling time I had to change the way I looked at people and do exactly what I wanted others to do for me.

My practice started when I made conscious decisions to view others differently—a view that includes every single one of us as people who have others in our lives who cherish us for who we are and don't judge us for what life's situations have dealt us. I began to open up more and include others in my life who, although I judged as "too this" or "too that" upon our first meeting, ended up being

CONTINUED ON PAGE 10

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Did I Give You a Startle?

instrumental in my own positive growth and ultimate fulfillment.

I know as a person with a disability there will be few day-to-day life situations where I am in the majority. It is up to me to be an agent of change in the way my community members are viewed. It does nothing but cause harm to show up in life as an angry victim of physical circumstances and ensure those who cross my path build false perceptions of disabled persons. It is up to me to show up, not only in the truest sense of participation, but also as a positive role model and example for the millions of people with disabilities who may not have found ways to make their voices heard yet.

I know my startling actions speak louder than any words, and that learning who I am has led me to a place of comfort in showing up as exactly who I am. That place allows me the freedom to not concern myself with what people think about me upon our first meeting. It's more important to me they have a positive encounter with someone different than themselves and I put them at ease enough to progress further in getting to know me to be a person very similar to themselves. I know this is the only way people will be able to approach the next person who is different from themselves, and this is how very real and longstanding social prejudices and their attitudinal barriers can be broken down.

I can actually say now startling people is something I look forward to everyday. I now seek to "startle" people's perceptions of those with disabilities because I know those gasps of surprise can lead to more understanding and more opportunities to transcend and lead us to a world of more tolerance and less fear—a benefit for all.

ABOUT THE AUTHOR:
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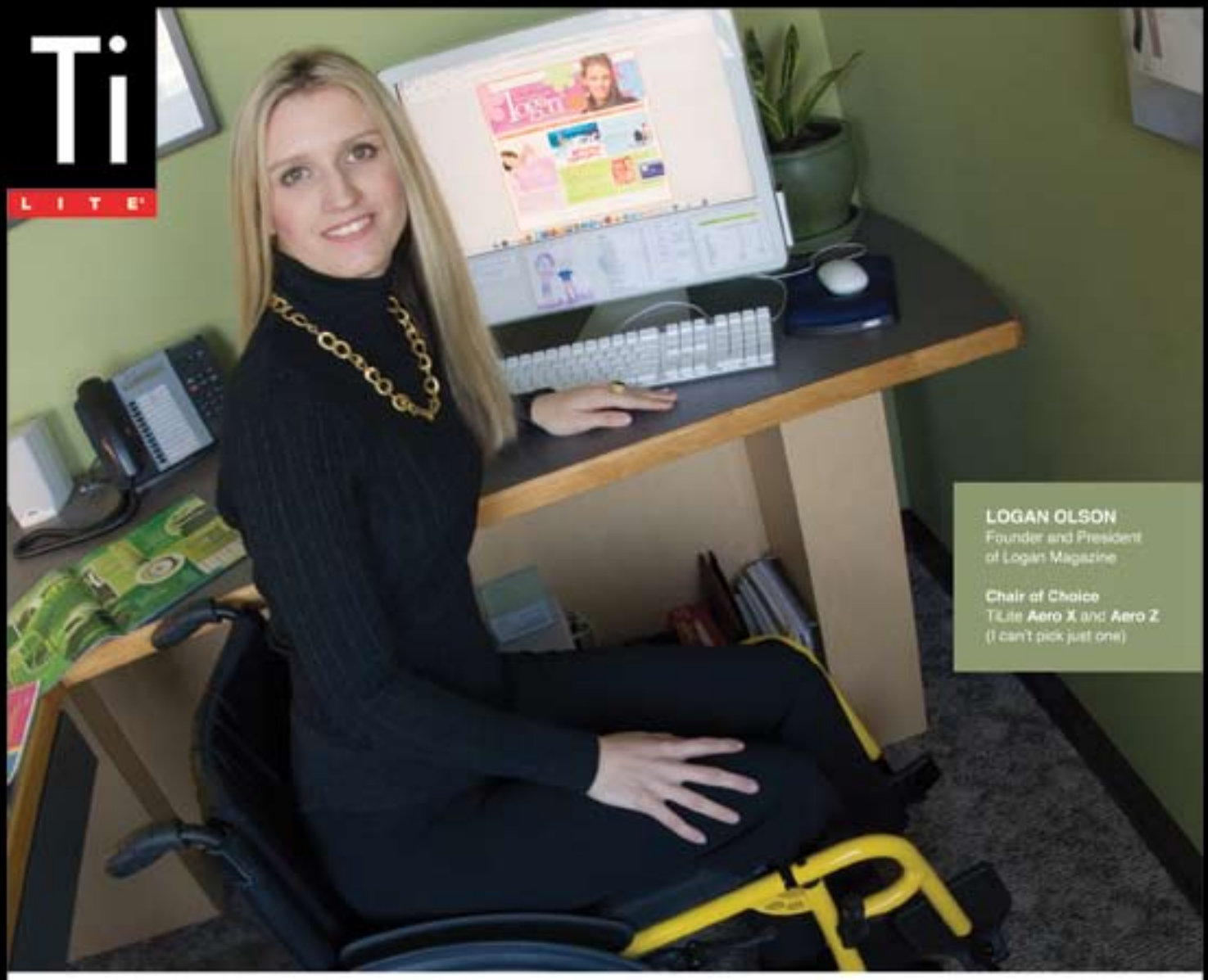

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How Did I Wind up in This Industry?

MARY BETH KINNEY, CRTS®
At Large Board Member, NRRTS
MOBILITY DESIGNS

HOW MANY TIMES HAVE we all answered the question, "How did you wind up in this industry?" And for most of us, another job, a relationship with someone we knew who has a disability or another opportunity opened a door to the jobs we have now. I'm pretty sure it was never a childhood dream for any of us to have the jobs we do, but I can guess that each of us feel good about choosing to work in a field that provides such a vital and necessary service to individuals with mobility needs.

It's been an easy decision to maintain my CRTS® with NRRTS.

My story starts out in college at a small school called The University of the South on the Cumberland Plateau in Sewanee, TN. I majored in political science and was drawn to international relations. I had a strong desire to work overseas and pursue a job in diplomacy. I taught at the American International School in Johannesburg, South Africa. During my time there I traveled with an American studying to be a doctor and came to realize there was something very good about a service-oriented job, especially helping people with special needs.

After South Africa, I returned to my hometown of Minneapolis and took a temporary job with Abbey Home Healthcare (now Apria) and ended up really liking the work. While there, I attended a course on Quickie/Shadow sports equipment and met the man I now work for, Larry Ezzard, and the son of his business partner, Ruth Womack. They are the founders and owners of Mobility Designs and I have worked for them for fourteen years.

My friend and co-worker Kay Koch first introduced my co-workers and me to the importance of being a RTS and becoming a member of NRRTS. In her past job as a seating clinic therapist, she had used NRRTS as a way to screen providers who knew and provided rehab on a daily basis. Once a registrant of NRRTS, I wanted to know about the organization and realized it was a way to gain more education, receive support and camaraderie with fellow peers, and keep up with information and issues within our industry.

In 2005 Georgia made NRRTS registration a requirement, and now the state requires the CRTS® credential for all complex rehab equipment. It's been an easy decision to maintain my CRTS® registration with NRRTS. Over the years, it's been exciting to see the organization grow and expand opportunities for each RTS with access to education, updates on legislative issues and news within our industry.

As a CRTS®, I paid attention to those who served our industry as NRRTS board members and appreciated that they took the time to serve on the board. I spoke to Mike Seidel at one of the international seating symposiums. He was the NRRTS board president at the time, and I wanted him to know I was impressed with what he was doing for all the NRRTS registrants. He then asked me, "Do you want to be on the board?" Whoops! I remember thinking. What did I get myself into? I don't have the time. What knowledge and skills do I have to give to the board? A few months later Weesie Walker, the current president, asked me to consider running for a board position as well. Being asked twice was enough, so I ran.

I have been a board member since August 2007—the newbie. Our board members are from all over the country; some are business owners, some work for national or small companies. Together we have a wide variety of backgrounds and experiences. The board members meet monthly via teleconference to discuss issues, concerns and business. I also serve on the Ethics Committee with Rich Salm and John Zona. The time requirements have been more than reasonable for me, but please note there are board members giving a lot of time to support the ideals and goals of all RTSs. If you have ever considered

CONTINUED ON PAGE 14

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CONTINUED FROM PAGE 12

How Did I Wind up in This Industry?

being a board member, please know you have knowledge and experience that could benefit us all. It is a tremendous opportunity to affect our industry's future and to gain more knowledge on those issues that affect each and every one of us.

On a personal note, I whitewater kayak and raft guide on the weekends on the Ocoee River in Tennessee and have a wonderful yellow lab named Meadow who accompanies me. I also volunteer at a MDA camp each year and support our local power soccer team.

My workdays are always varied: I work in spasticity and muscle disease clinics, in schools and have appointments at both my office and in my clients' homes. I work primarily with children, but do have adult customers as well. Mobility Designs is located in Atlanta, but because we service outside of Atlanta, I sometimes work a couple hours away, often in rural areas.

One of my favorite memories is of providing the first power wheelchair for an eleven-year-old boy with a diagnosis of osteogenesis imperfecta. The fitting and delivery were at his home and it was a beautiful day; it was decided to adjust the boy's wheelchair outside at the top of his driveway. After the adjustments, the mom, physical therapist and I started to chat. After about 10 minutes, the boy's mother looked around and her son was way down the street to see if some of the neighborhood kids would like to play. She was overcome with happiness because her son had never been able to go off on his own before. I have never forgotten this moment because it was such a joy to have been part of giving a child independence for the very first time.

I see the RTS profession headed toward increased professionalism through education and supplier requirements. I believe the former will only benefit each of us and the latter will continue to define us a group of qualified professionals. We all realize the tremendously devastating impact competitive bidding will have on our industry, and it is my hope and belief NRRTS and events as CELA '08 will continue to educate and influence members of Congress on the importance of carving out rehab from competitive bidding.

The biggest obstacle I see with our profession is funding. What an amazing thing it is to imagine the benefits we could give our customers if we actually had the funding to provide them with what they need. We must to continue to advocate, along with our clients, the most appropriate technology for their needs. This is essential for our industry and its growth.

ABOUT THE AUTHOR:
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CELA 2008

ON APRIL 23–25, MORE than 120 individuals attended CELA '08, the Continuing Education and Legislative Advocacy Conference sponsored by NRRTS in association with NCART and the University of Pittsburgh's Department of Rehabilitation Sciences and Technology. Held near Washington, D.C., CELA '08 offered attendees the opportunity to meet their CEU/CEC requirements for NRRTS and RESNA and to visit with members of Congress in their offices on Capitol Hill.

More than 200 appointments with legislators and their staffs were scheduled for Thursday, April 24, to lobby for the complex rehab exemption from national competitive bidding. Many of the participants had never before been to Capitol Hill for lobbying purposes. During their meetings, participants told legislators and their staffs that complex rehab devices are uniquely configured to meet the specific medical and functional needs of people with severe disabilities, and therefore do not fit into the national competitive bidding scheme. Legislators were asked to cosponsor HR 2231, the Medicare Access to Complex Rehabilitation and Assistive Technology Act of 2007, which is sponsored by Reps. Tom Allen (D-ME) and Ron Lewis (R-Ky.); companion legislation in the Senate is to be introduced soon. In addition, legislators were asked to sign a letter urging the House and Senate leadership to include the complex rehab exemption in the upcoming Medicare bill that is intended to forestall a scheduled 10 percent reduction in physician reimbursement under the Medicare program.

Participants reported their message was received sympathetically by most. A flyer demonstrating the difference between a standard-power wheelchair consumer as advertised on television and a complex-power wheelchair consumer was said to be helpful to Capitol Hill staff in explaining the critical differences. Meetings were expected to garner additional cosponsors for HR 2231.

Less than one week after CELA, legislation to exempt complex rehab was introduced in the Senate by Sens. Olympia Snowe (R-ME), Debbie Stabenow (D-Mich.) and Tim Johnson (D-S.D.). The Senate legislation, S 2931, is identical to the House legislation, HR 2231.

Sharon Hildebrandt,
Executive Director, NCART

Positive Energy

Ann Eubank, Darren Jernigan, Tom Rolick and Teresa Plummer visited all eleven TN legislators; seven of nine congressmen are co-sponsors. Overall the visits were positive in that most of the legislative assistants were aware of competitive bidding and had in-depth knowledge of the CMS hearing to take place the next day. They were aware of the details concerning competitive bidding and how consumer access to complex rehab will be affected. When we offered more information about the types of people who would be negatively affected by competitive bidding, legislative assistants were listening and taking notes. All of them, except one said their representative was against competitive bidding. Congressmen Cooper and Tanner will not co-sponsor, Tanner has a rule of thumb not to sponsor legislation he does not author, and Congressman Cooper has a conflict of interest.

Ann Eubank, PT
Permobil

My Experience at CELA

Like hundreds, if not thousands, of my peers involved in complex rehab, I have been fighting the anxiety brought on by the unfair activities of CMS and others against our industry!

Now the messy reality of competitive bidding has crystallized thoughts and brought a sharper focus among all of us and, of course, more anxiety. (I assume an almost unmanageable feeling of wanting to "bang heads" could be described as anxiety.)

I had the privilege, along with many other peers, to attend the fly-in on Thursday, April 24. I also had the opportunity to work with peers and associates and call on three senatorial and two congressional representatives from Texas and Colorado.

The first thing that became apparent was that the call-in held on Tuesday, April 22, was very effective. Most of the legislative assistants had been contacted, some of them numerous times, and all acknowledged the positive impact of this activity. My thanks go to Paul Bergantino et al for organizing the call.

I have to say that of my five visits, three of the legislative assistants were "plugged in" to our issues and our visit served to add detail to their information and, we hope, stamina to their efforts. I left feeling they would make an effort to help us.

The other two legislative assistants were "lukewarm" and one actually challenged me to explain why the concept of competitive bidding was wrong, pushing an approach that "we should just fix the bidding process" and not throw it out. I assure you I spent quite a bit of time discussing this and followed up with an e-mail when I got home.

I felt a flow of energy with all of our associates around me. The call-in definitely added momentum and I truly feel during our visits we made our points well understood and there was real empathy and a commitment to action. Generally there was acknowledgment we had real issues, which will translate into some action—co-signatories in support of our bill. I just hope it is enough to put an end to the madness!

I offer my sincere thanks to NRRTS (Judy, Amy and Simon) and NCART (Sharon et al), and to all of those who flew in or phoned in. Thank you; I am proud to be among you!

Hymie Pogir
National Seating and Mobility

Thoughts on CELA 2008

CELA 2008 was quite an experience for me. I have planned and attended many conferences in my career, however, I had never before had the opportunity to meet with members of Congress. Frankly, it scared me to death. The congressional meeting with Senator John Cornyn's office went extremely well, and it was not a difficult task. Members of Congress serve because of us, and they are supposed to work for their constituents.

I highly encourage you to participate in any future fly-in event! It is well worth the time, effort and money spent. If I can visit with a member of Congress, so can you!

Amy Odom, BS
NRRTS Marketing Coordinator

Excellent Conference!

What an excellent conference in D.C.! It has been a long time since I felt such positive energy in a room full of rehab technology professionals. I was motivated to be able to "put things aside" and attend. The staffs of NRRTS and NCART obviously worked extremely hard to make it simple for participants to gain confidence with the message that was to be delivered to Capitol Hill. I will work to pass the word onto my colleagues and clients about the ease of meeting with legislators' staffs on behalf of creating change in our funding.

Wonderful job—I feel empowered and motivated to continue working in this industry until CMS "gets it." (And, I was educated on new positioning concepts!) Thanks for all of your hard work, NRRTS and NCART, on behalf of NRRTS registrants and our consumers.

Denise Harmon, CRTS®
National Seating & Mobility

Simple Objective?

The objective seemed fairly simple: convey the message of why complex rehab should be carved out of the competitive bidding process and ask for the support of HR 2231 and the forthcoming Senate companion bill. The reality: the difficult task of describing what we do, who we serve and why we are so different to politicians who for the most part have only recently been exposed to our industry with the help of the late Christopher Reeves.

The experience was one to remember: competitors, clinicians, manufacturers and consumers all coming together for the good of others, all realizing what is at stake and unwilling to compromise on the importance of the message. Everyone fully recognized that decisions made without informed knowledge can cause great harm, and all hoped for the opportunity to enlighten those who can make a difference.

I walked away from the conference not only academically enlightened but with the strong sense that we all came to the Hill because we genuinely care about those we serve. We love what we do and are passionate about it, and ask only that our clients are afforded the basic right to decide with whom to entrust their business. I believe as an industry we are as unique and complex as the clients we have the opportunity to serve.

Jane McNay, CRTS®
Adaptive Mobility Systems

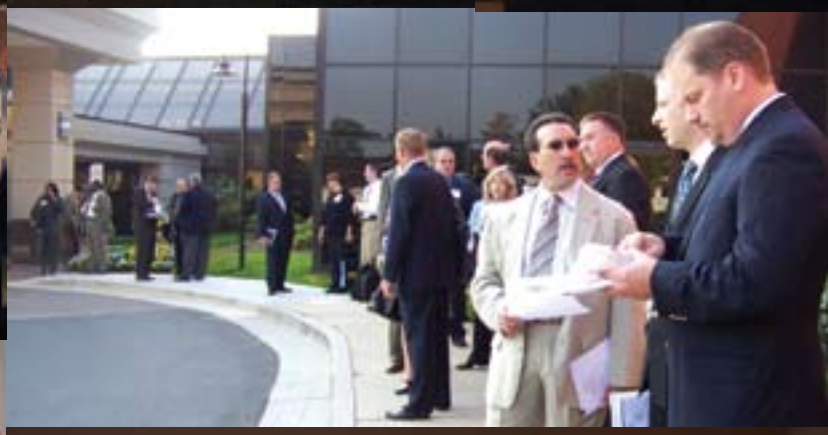




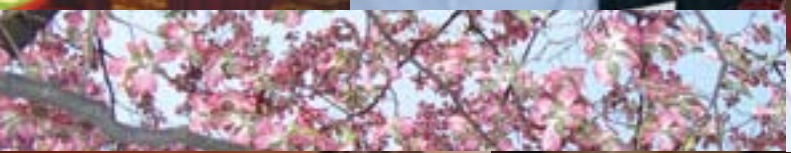



RST

CELA
'08








Empowering Experience

For me, the visit to "the Hill" was an enlightening and empowering experience. Although I have always been passionate about the rights of those we serve and about their access to enabling technology and to our world, I have never participated in the political process before. I have been active in improving the equipment the manufacturers offer, aggressive in pursuing funding for the best assistive technology for my clients, ready to share my experience through education and eager to serve as a review chair with NRRTS, but I was intimidated by the intricate political process of our government. So, I hid quietly in the corner, leaving the lobbying to my colleagues.

This time was different, though. Infuriated by the first round results of the competitive bidding contracts and the disservice our disabled counterparts would be at risk of, it was time for me, too, to have a voice and do all I could to educate lawmakers about the reality of impending doom those who rely on custom rehab equipment would face, and in the long run, without the proper equipment, who would suffer health issues that would greatly increase their lifetime cost of care. I was nervous about my lack of familiarity with the lobbying process and intimidated by the vast level of experience surrounding me in the room through my respected and seasoned colleagues.

Fortunately, this beloved industry of ours consists of a strong and passionate family of people who are wonderfully supportive, and I was immediately greeted by many who were eager to coach me through this process. It was ironic: the same people who are my competitors locally had, in this situation, put that aspect of our business aside and united to form a strong alliance in an effort to fight our battle as a cohesive team with a common cause. I was so grateful to all my counterparts in New England for their support and education.

Approaching my first appointment was a bit scary, and the enormity of the House of Representatives was quite intimidating, but as soon as I began to interact with the legislative health aid for my local representative, Ed Markey, and realized how much knowledge she lacked in the area of complex rehab and the competitive bidding process that was already underway, I realized that my lack of political savvy was insignificant, and that our job that day was to do what we do with our clients and families every day: educate them about the importance of qualified, professional assessment and provision of the most appropriate equipment for our clients. This I know how to do!

As the day progressed, I became more comfortable and increasingly assertive in the appointments that followed. I felt so fortunate to have had this opportunity to be an active part of the political process in our country and to meet some very inspiring people along the way. I would certainly consider participating again, and will highly recommend it to all who are passionate about our industry.

Mala Aaronson, OTR/L, CRTS®
National Seating and Mobility


CELA
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An Experience I'll Never Forget

The first day of the conference was a day full of great speakers and educational material. After dinner, the last hour and a half consisted of debriefing us on what we needed to achieve on our visits to Capitol Hill. At 9:00 p.m., the debriefing ended and we were to pair up with other folks from our state to talk about who was going to say what in our scheduled meetings. Since I had no other representatives, I packed up my stuff and went to my room to read over the materials several times and map out my course for the scheduled appointments the next day. The next day came early at 6:30 a.m.; I had just enough time to grab a quick bite at the continental breakfast and get loaded on the bus. The bus trip was fairly long due to traffic, but it offered a great opportunity to take in the sites.

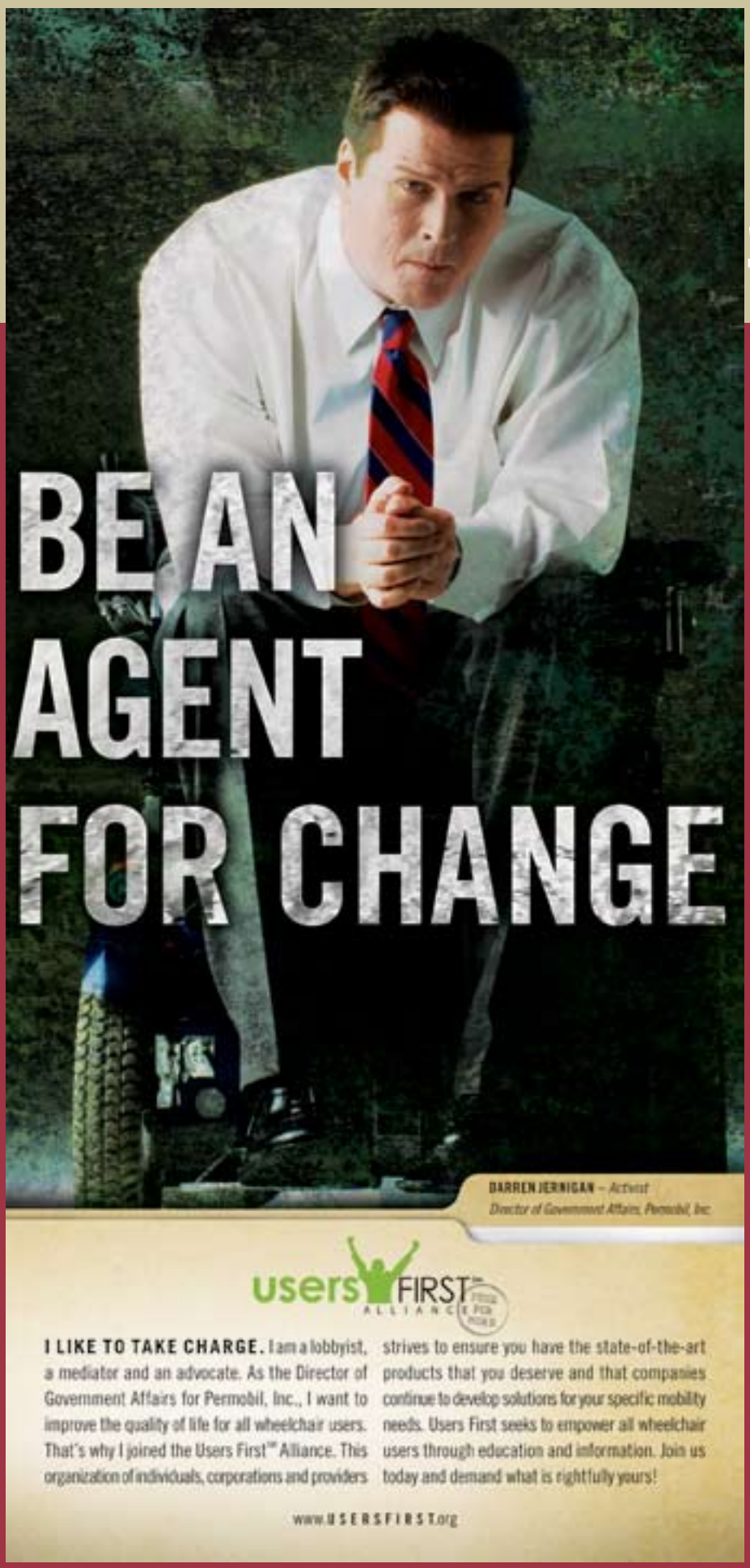
Upon arriving at the Capitol, I looked over the office building layouts to get my bearings straight and headed to my first appointment. After a fair amount of walking, I arrived at the first office building where I was to meet with Representative Dave Camp. After going through nearly a full-body cavity search, I was allowed to enter the building.

Considering I had never done this before, I was nervous and was hoping I could keep it together and get my point across. When met with Dave Camps liason, I discussed what exempting complex rehab for competitive bidding would mean to the beneficiaries we served. The liaison was very supportive and said he would talk to my representative and would make some calls.

I was confident. I finished the meeting and proceeded to take the long walk to my next one. For the rest of the day I went from meeting to meeting, all of which were back to back a few buildings apart from each other, leaving just enough time to make it to my last one. I had great success and felt I made an impact on everyone with whom I met.

Simon had one request: to bring another person with us to the next CELA and continue to grow the conference. So come on all you Michiganders, let's band together and stop waiting for the other guy to do it.

Randy Malcolm, RRTS™
Saginaw Medical Service



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Competitive Bidding: Are We On a Losing Streak?

Key Rehab Leaders Speak Out

GARY GILBERTI
President
CHESAPEAKE REHAB EQUIPMENT, INC
BALTIMORE, MD

DOUG WESTERDAHL
President
MONROE WHEELCHAIR
ROCHESTER, NY

TIM G. PEDERSON, ATS
CEO
WESTMED REHAB
RAPID CITY, SD

1) If complex rehab and assistive technology is not carved out from national competitive bidding:

a. What will be the short- and long-term impacts on the business of complex rehab and on patient access to appropriate equipment?

Gary Gilberti: In the short term, I believe you will see a lot of confusion and problems with access on the part of consumers. In the long term, I believe you will see businesses fail on both the winner and loser sides of bids. Winners will fail because they will be forced to provide rehab technology at unrealistic prices, while losers will fail because of lost revenue and an inability to sustain operations.

Doug Westerdahl: I see a number of issues arising as short-term effects on national competitive bidding. Medicare beneficiaries who have long-term relationships with complex rehab suppliers will be forced to find new suppliers and will consequently face numerous frustrations and obstacles. They will be forced to rely on inexperienced, unknowledgeable staff.

Recent reports have also shown that some winning suppliers are working out of garages behind their homes. Envision a high-level quad driving into the driveway of a residence in their accessible van to get service on their custom power wheelchair in the garage behind a house! Or better yet, imagine the ALS patient who relies on public transportation being dropped off a half mile from the supplier's location (a residence) and trying to locate them. Sadly these scenarios may already be occurring. Due to long turnaround cycles for the typical complex rehab order, a losing bidder will be unlikely to accept new orders after May 1, 2008.

Additionally I can see losing bidders discontinuing service to their long-term customers even before the July 2008 date. It is well know that a complex rehab supplier's service department is a loss leader. Most of us look at our service departments as a necessary component of being in the business and just accept the fact that we lose money in that division of our business. We provide service to our customers to keep them as a customer. If I am a losing bidder and know that I am going to lose the Medicare beneficiary as my customer anyway, why would I knowingly lose money by continuing to service them? Since winning bidders have not been required to provide service, many Medicare beneficiaries may be unable to get service on their equipment.

Tim Pederson: In the short term, beneficiaries will continue to be taken care of, but providers will not be able to offer the extensive choices that we can today. Providers will align themselves with manufacturers who will trade volume for discounts. Quality will be a concern, but it will not be the overriding concern. Price—combined with a minimum acceptable standard of quality—will be the rule rather than the exception. Over the long term, as providers realize the margins will not support the extensive services required, beneficiary access will be negatively impacted. Keeping in mind that product acquisition is not the major cost to a complex rehab provider, eventually the larger costs (outside of product acquisition) will cause providers to curtail their offerings, which will result in fewer providers who are willing to provide complex rehab services.

b. Will product selection be impacted? If so, how?

Gary Gilberti: Yes, providers must turn to formularies and best-picks offerings to maintain margins. This will cut back the number of products available.

Doug Westerdahl: The new PMD codes and allowables introduced in the fall of 2006 forced every complex rehab supplier to change business models to remain financially viable. The widespread use of formularies has been one of those changes. Most suppliers are still somewhat flexible with the enforcement of formularies; I don't see how any company will be able to survive without the strict enforcement of them. "Best picks" will have to become the "only picks!"

Tim Pederson: We will see a race to the bottom as far as product acquisition costs. We have already seen the lion's share of production of complex rehab equipment (power wheelchairs in particular) shift to lower-cost overseas facilities, and we have already harvested the low-hanging fruit from an efficiency standpoint at the manufacturing level. In response, I believe manufacturers will resort to exclusive pricing in exchange for exclusive purchasing. This will impact product selection as more MSAs are included in the CBA process. This means we will see some movement to this model in the first ten areas. As the program is rolled out across the country, this type of relationship will become more predominate, squeezing manufacturers and affecting research and development.

c. Will reductions in workforces result? If so, what will trigger these reductions?

Gary Gilberti: Yes, in order to make up some of the margins lost by bids, companies will have to take cost out of operations. The most expensive line item jam in our operations is payroll. Companies will try to do more with fewer people or they will turn to technologies and systems, which will allow them to be more efficient.

Doug Westerdahl: The sad thing is most of the complex rehab suppliers in the country have already seen dramatic reductions in staff in reaction to the 15 percent to 20 percent cut in PMD revenues we all saw in 2007. And competitive bidding does not include any change in coverage policies that would result in a reduction of paperwork. If anything, the amount of paperwork we are required to obtain and have on file has continued to grow over the last two years. For this reason I do not see large reductions in staff as being much of a possibility.

Tim Pederson: Reduction of staff is inevitable; labor is our largest cost. We will learn to do more with less to reduce our expenses and keep up with reductions in reimbursement.

d. Will manufacturers be forced to reduce the quality of the products they supply to meet price points? If so, please elaborate.

Gary Gilberti: Yes, manufacturers will have to cut costs as well. This means that they will have to use less expensive materials in building the chairs.

Doug Westerdahl: I don't see any way that this won't happen. I have always found it a bit ironic that our own government payers have indirectly forced much of the manufacturing of the products that Medicare and Medicaid beneficiaries use to China. I think it is pretty much consensus that those products are inferior in quality to U.S.-manufactured products.

In the end, consumers will not have access to the same technology or services they have become accustomed to having.

Tim Pederson: Elaborating on my earlier points, manufacturers will be forced to seek lower cost alternatives in production components as well as production labor. Research and development capital will certainly suffer from this scenario. Products will be built

to the absolute minimum standard to meet profitability goals, and quality will suffer accordingly.

2) What are your biggest concerns and/or fears for the future of the rehab industry as a result of competitive bidding?

Gary Gilberti: My biggest concern is complex rehab will begin to be seen as a commodity. It will be dumbed down or become "McRehab" to fit within the new reimbursement structure. This will only benefit those companies that can be successful in standardizing the product and the process. That doesn't bode well for the smaller provider or the consumer. In the end, consumers will not have access to the same technology or services they have become accustomed to having.

Doug Westerdahl: My biggest concern personally is I have invested the last 30 years in this industry and I could lose it all overnight. I believe my company has some of the best staff, systems and experience in the complex rehab industry. In response to the reimbursement cutbacks, we have continued to see in this industry, my company has changed its business model on what seems like an ongoing basis over the last five years. Even with that we are only making minimal profits—just enough to survive.

Even if my company is fortunate enough to be a winning bidder, I can't possibly make up in volume what I will lose in revenues with the anticipated cutbacks. In addition to my personal fear for my company's livelihood, I have very serious concerns for my customers. It is a known fact many of the winning bidders for the complex rehab PMD codes have no experience whatsoever in complex rehab. Some of those bidders are already putting their companies on the market. They have openly stated they never had the intention of actually getting into the business and providing service. Their sole purpose of attempting to win a bid was to have a company that would be of some value on the market. I can't help but wonder how dedicated those suppliers will be to furnishing the extremely high, complex level of service needed by the population of people requiring our services. There is no question in my mind is that access will be a problem and that users of complex rehab equipment will suffer.

One additional but very valid concern is state Medicaid systems and private insurers will use the competitively bid rates as a basis for their fee schedules. This could be the kiss of death for our industry. This concern has already surfaced in the state of Ohio. Ohio Medicaid has proposed to establish some DME rates at a discount off the winning competitive bid rate.

Tim Pederson: My biggest fear from a complex rehab standpoint is the expansion of competitive bidding to rural areas. Even without competitive bidding, complex rehab is only marginally profitable. In our rural areas, such as South Dakota, beneficiaries must travel hundreds of miles to receive their necessary services. With the coming reductions in reimbursement for complex rehab, this situation will become more acute as providers simply stop providing those services.

ABOUT THE AUTHORS:
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About Those Ads on TV Offering FREE Wheelchairs

Contributed by Stuart Portner

The ads look great! Get a free electric wheelchair or scooter if you are on Medicare and having trouble "getting around." Some ads even tell you they will "pre-qualify" you. And, if they do and Medicare doesn't pay, you get to keep the equipment for free. Some ads require you to call a toll-free number and the entire order is completed over the telephone. Other ads may be in the local paper and boast they send a representative to your home.

NOTE: Complex rehab stakeholders often ask, "How the heck did we get where we are today?" As a historical recap, Mr. Portner's article describes the events and circumstances that led up to the current PMD crisis. All the information presented and opinions expressed in this article are those of the author and do not necessarily represent the opinion of the National Registry of Rehabilitation Technology Suppliers, its staff, officers or directors.

STUART PORTNER

So far, so good. You call; they take information and contact your doctor. Some unscrupulous suppliers even have their "own doctor" to write the prescription on your behalf. Then the equipment arrives.

If you truly need the equipment to ambulate in the home, if your home is already "wheelchair friendly" because you have been using a manual wheelchair and if you have no intention of ever taking the equipment on a trip or an errand, then there is a very slight chance you may be satisfied with what arrives. But many people are not. Below are real quotes from real people who have fallen victim to misleading advertisements:

"The ad implied I would be getting a scooter, but I received a power wheelchair that neither myself nor able-bodied family members can load into my car."

"The person on the phone said I could get a power wheelchair carrier to put on my car for next to nothing. The carrier costs a fortune!"

"When the equipment breaks down, which is often, I wait weeks for service."

"The person who provided this told me I wouldn't be responsible if Medicare didn't pay; now they are suing me for the money."

"The man came to my house and had me sign papers. What I received is horrible and now he doesn't return my phone calls."

"I received a power chair that is way too small for my body. What can I do?"

"The chair I received drives from the right side, and I am left-handed."

"I can't make the turn into my bedroom with the power wheelchair provided because the hallway in my condo is too narrow."

"My mother received a power chair from Medicare and from day one she hasn't been able to control the chair. Everything in the house is getting wrecked from her banging into things, and I'm afraid she is going to hurt herself driving it."

"My father received a power wheelchair last year that didn't work out for him. He sold it to a friend, but now he needs one. Why won't Medicare supply it?"

"Someone approached me and offered me $200 if I signed some papers and claimed I received a wheelchair from Medicare when in fact I did not. Can I get into trouble?"

With so many complaints, the government finally took notice. On November 11, 2003, the Associated Press published the article, "Medicare Stung by Wheelchair Scam," which stated that " ... fifty separate investigations [are] under way in nearly two-dozen states that have identified $167 million in fraudulent Medicare claims for power wheelchairs ..."

The article reported that " ... investigators say the cases can include:

• Equipment company suppliers who submit phony claims.

• Doctors who take kickbacks for writing prescriptions.

• People who roam shopping malls offering free medical equipment to anyone who'll sign up for a wheelchair.

• Conspirators who stage fake deliveries, complete with pictures of patients who pose with their power chairs for a fee ... ."

On Sept 18, 2003, the U.S. Attorney's office in Texas unsealed a 101-count indictment charging people with health-care fraud regarding claims for electric wheelchairs. More than $16 million was paid out, and the "beneficiaries" each received between $200 and $800 in cash.

Furthermore, on May 21, 2007, Homecare Monday, an industry publication, reported that The Scooter Store, a Texas-based company that advertises power wheelchairs heavily on TV using words and phrases like "free" and "at little or no charge," has reached a settlement that resolves a 2005 government lawsuit alleging the company "engaged in a multi-media advertising campaign to entice beneficiaries to get power scooters paid for by Medicare, Medicaid and other insurers. Instead of the 'zippy' power scooters that were advertised, The Scooter Store allegedly sold the beneficiaries expensive power wheelchairs they did not want, need and/or could not use."

According to the DOJ, "Many beneficiaries had no idea what kind of equipment they were getting, until it was delivered."

In November 2003, a federal prosecutor in Southern California launched a new criminal unit dedicated to the prosecution of health-care fraud after yet another company was involved in a $2.4 million scheme to bill Medicare for equipment and supplies not prescribed by doctors or received by beneficiaries. The prosecutor called the formation of the unit "the opening salvo" to prosecute fraud in the area.

I have interviewed several angry victims of these TV ads who tell me how they were talked into equipment that cost substantially more than the Medicare allowable or into equipment that Medicare simply does not pay for or for which the beneficiary did not qualify. They were told they could finance their equipment for small monthly payments; however, in each case, the victim later found the out-of-pocket costs of the equipment substantially exceeded what the equipment sells for in regular retail settings. Companies tell these beneficiaries their contracts are enforceable and that the companies' team of lawyers will enforce them. I have advised these people to contact Medicare and to discuss the situations with their attorneys, but the damage has already been done.

Medicare requires the suppliers of wheelchairs provide equipment that is appropriate for the user. It is the provider's responsibility to make sure chairs fit their users properly and that they are the correct weight capacity, have controls that are correctly programmed for any tremors in the hand, are suitable for the environments that they'll be used in, etc.—and to do this at no charge to the user. The supplier must also determine the user of the equipment has the training/ability/skills to use the equipment—safely. Some people simply cannot use power wheelchairs or scooters and should not have been provided that equipment in the first place.

That said, it can be a fight to motivate the supplier when the supplier is not a local merchant, and especially if it means a lost commission. Many times the local person providing the equipment works out of his or her car and is just affiliated with a company in a distant city. When he or she quits, often the phone number (obtained from an ad in the local paper) is disconnected.

My advice is to only do business with someone who is local, established and has a satisfied customer base. It will be significantly cheaper and easier in the long run to go this route. The established supplier with a good reputation is more likely to suggest alternative equipment, to explain why one may be approved over another, to discuss the potential problems with using the equipment ahead of time and to work to eliminate said problems (ramps, tight corners off of hallways, etc.).

A reliable local supplier who evaluates the user of the equipment face to face can also make sure the equipment itself is the correct size and configuration for the user a lot easier than someone evaluating over the telephone. The local supplier is motivated to create "good will" as well

for repeat business versus the hit-and-run tactics of these other providers.

Anyone who purchases solely because of a newspaper or television ad that stresses "free" is playing to the greed within us all. A reliable local supplier may be able to provide the correct equipment at no cost to the end user as well, and will be able to get it right the first time and provide fast, local repair service as required.

ABOUT THE AUTHOR:
For more than 20 years, Stuart Portner was the service manager of a wheelchair company (retail sales) in South Florida. The company specialized in higher-end power and manual wheelchairs as well as the standard wheelchair fare. The company had a showroom and felt that both the proper selection and fitting as well as follow-up service was important. Portner later worked as an equipment technician for a rehab hospital, maintaining its wheelchairs and other medical equipment and fitting all the equipment to its patients. He is now semi-retired and consults for several medical equipment manufacturers. His website address is http://wheelchairs.shorturl.com.

This article was reprinted from http://wheelchairs.shorturl.com with permission from Mr. Portner.

Would You Like Some Good News?

DON CLAYBACK
Vice President of Government Relations
THE MED GROUP

OKAY, LET'S BE HONEST. Are you getting a little tired of being asked to contact your members of Congress on industry issues? Does it seem like every time you turn around someone or some organization has got a new request and a new message for you to carry? Do you sometimes just want to shout, "Hey buddy, I'm trying to take care of my customers in spite of less reimbursement and more regulations! And now you want me to make friends in Washington, too?"

Your customers are individuals with complex disabilities who need your products and services to carry on the basic activities of daily living.

Well if you answered yes to these questions, you're not alone in your feelings. It's a challenge to take care of your business responsibilities and also let your representatives in Washington hear your concerns and needs. Unfortunately, the fact rehab products are funded by third parties makes it a requirement you invest the time to engage your members of Congress. They need to be aware of what you do and what they can do to help you continue to provide products and services to people with complex disabilities, especially at this critical time as we work to secure an exemption of complex rehab from Medicare's competitive bidding program. Remember, your representatives are supposed to be there to serve you!

So, how about some suggestions for building that relationship with your members of Congress? When dealing with your representatives and their staffs, keep in mind they hear from dozens of groups every week, each having their own issues and requests. You need to keep your initial message simple and get them interested. Here are three basic points to include when telling your complex rehab business story:

• The mobility and seating systems you provide are NOT what they see on TV. This statement helps clarify what you provide. Share that you provide complex systems like the one used by the late Christopher Reeves. This helps the person better visualize what you do. Unfortunately, when many people hear "power wheelchair," they automatically think of the 1-800 TV commercials, which are not held in high regard by Congress.

• Your service model involves individualized evaluation, equipment trials, fittings, training and post-delivery follow-up. This statement helps clarify what you do. The products you provide are not one-size-fits-all items. To ensure a person receives the appropriate equipment, there is an involved process that includes a rehab team consisting of, at a minimum, a credentialed RTS, a PT or OT, and a physician. In addition, a company needs to have the service and repair capabilities to provide post-sale support.

• Your customers are individuals with complex disabilities who need your products and services to carry on the basic activities of daily living. This statement helps clarify whom you serve and the benefit you provide. Explain the types of diagnoses and functional limitations your customers have. Keep it basic: some people have muscular and/or orthopedic weaknesses and require special supports and cushions to maintain an upright position; some people have limited or no hand function and need a specialized control to drive their power wheelchairs; some people can't shift their weight and require a system that allows them to tilt or recline to prevent pressure sores.

That's all helpful information to use, but you are probably wondering about the "good news" this article referred to in the headline. Drum roll, please. Based on the conversations and activities in the month of April and into May, we can safely say that we are making progress in educating Congress on the three key points mentioned above!

We have gained momentum in the pursuit of an exemption of complex rehab from competitive bidding. The

CONTINUED ON PAGE 34

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CONTINUED FROM PAGE 32

Would You Like Some Good News?

month of April produced a very successful industry congressional call-in day that resulted in more than 4,500 calls to the offices of Congress. In addition, as part of the NRRTS/CELA conference and the NCART fly-in day, there were more 150 personal visits with various congressional offices in Washington. During these visits, many providers found that the staffs of their representatives and senators had started to hear concerns about complex rehab.

We secured additional sponsors to the House bill, HR 2231. We also had a very big win with the introduction of the companion bill in the Senate, S 2931. While having these two bills introduced does not guarantee passage, their introduction and the growing number of sponsors provides a solid basis to continue to push for a complex rehab exemption.

Now, I said good news, not necessarily great news. The good news is that we are making noticeable progress. The great news will come when we get this complex rehab exemption legislation included in a broader Medicare bill and passed by Congress this year.

So take some satisfaction in that the industry's efforts over the last two years—e-mails, phone calls, local visits, Washington fly-ins, etc.—are starting to have an impact. Some people in Congress are beginning to have a greater awareness of what we do and whom we do it for, but we still have a long way to go. Let's build on the increased awareness we have created and get more providers, consumers and referral sources involved in the effort. We have a compelling story to be proud of and we need to get more people working at spreading it around.

ABOUT THE AUTHOR:
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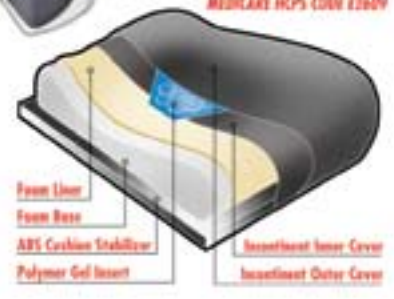

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Competitive Bidding: The Industry Comes Together and Fights as One

JEFFREY S. BAIRD
Chairman, Health Care Group
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The HME industry as we know it today has been around for about 25 years. By way of comparison, the physician and pharmacy professions and the hospital industry have been around for thousands of years. To control costs over the past 25 years, payers (including Medicare) have been pushing patients out of hospital and physician settings and into home settings. This, coupled with technological advances in HME and the desire of patients to stay out of institutional settings, has fueled the growth of the HME industry.

Virtually every expert, other than those employed by the government, has concluded that competitive bidding is unworkable.

While CMS was familiar with the other components of health care (e.g., hospitals, physicians and labs), the agency was not familiar with HME companies. The percentage of Medicare dollars spent on HME is small compared to other health-care components; nevertheless, CMS witnessed a steady growth in payments under Part B to HME companies. The HME industry was then caught up in a "perfect storm" of bad luck.

First, there were isolated but well-publicized incidents of fraud, such as Operation Wheeler Dealer in Houston. Second, most elected representatives and their staffs had no familiarity with HME companies. Lastly, the term "competitive bidding" floated around Congress—particularly with a Republican Congress, the term was as American as "mom," "apple pie" and "Chevrolet." The end result was that competitive bidding was included in the Medicare Modernization Act.

As is often the case, the devil is in the details. There was very little specific guidance in the statutory language that established competitive bidding. In effect, Congress told CMS: "Let's have competitive bidding ... go figure it out." What CMS put together is nothing short of ridiculous. If CMS had tried, it could not have hatched a program that was more flawed. Virtually every expert, other than those employed by the government, has concluded that competitive bidding is unworkable.

An avowed justification for competitive bidding is the program will save Medicare money. However, as set out in two independent economic studies, one by Robert Morris University and the other by Drexel University and Kennesaw State University, competitive bidding will have the exact opposite effect; over time, CMS will pay more under competitive bidding. According to the two studies, the winning bidders will, in effect, be buying a "franchise" to sell HME. The "franchise fee" will be the low dollar amount the winning bidders will be willing to take during the three years of the first competitive bid contract. It is likely that few, if any, new bidders will come back into the market and submit bids when the contract comes up for renewal. The end result is the "franchisees" now controlling the market in the CBA will start raising their fees. According to both studies, over the years, the total amount paid by CMS to the franchisees will be greater than if the program had never been implemented.

The awarding of contracts in the first round was a farce. Many established and well-run companies had their bids rejected for being too high. Other companies submitted low-ball bids and were awarded contracts: (i) in CBAs where they had never transacted business, and (ii) for products they had never before provided. A number of companies had their bids rejected as not being bona fide because they purposely elected to take a loss on a few inconsequential products in a product category. The coup de grace was that more than 600 companies had their bids disqualified because they allegedly did not submit all of the required documentation when, in fact, they had submitted the required documentation. There are many other examples of incompetence associated with the first round, but these examples will suffice.

Since its inception, the HME industry had never been cohesive ... had never spoken with one voice. This is to be expected with such a young industry. This has now changed, however. The imminent threat of competitive bidding has brought the industry together; stakeholders in the industry (AAHomecare, the MED Group, VGM, the manufacturers, individual HME companies) are working together to eliminate

competitive bidding and substantial progress has been made on Capitol Hill. As a result of the hard work of stakeholders, elected officials are realizing what a disaster competitive bidding is and may include language in the upcoming "Doc Fix" bill that eliminates or delays competitive bidding—there is justifiable optimism this will occur.

In addition, the industry is supporting three legal challenges to competitive bidding. There is currently a lawsuit in Cleveland asking for the elimination of competitive bidding. More immediately, the plaintiffs in the suit have filed a motion for a preliminary injunction, asking the court to enjoin implementation of competitive bidding. The Cleveland suit is being funded by VGM's Last Chance for Patient Choice.

A second lawsuit is about to be filed in Dallas. As with the Cleveland suit, the plaintiffs will ask for elimination of competitive bidding and for a preliminary injunction. The Dallas suit is also being funded by Last Chance for Patient Choice.

A third lawsuit is about to be filed in Washington, D.C. As with the other two lawsuits, this suit will seek a preliminary injunction against the implementation of the first round. It is a fair statement that the cohesiveness of the industry will exist long after the threat of competitive bidding is eliminated. This is the silver lining the industry has earned.

ABOUT THE AUTHOR:
Jeffrey S. Baird, Esq., is Chairman of the Health Care Group at Brown & Fortunato, P.C., a law firm based in Amarillo, Texas. He represents home medical equipment companies, pharmacies, infusion companies and other health-care providers throughout the United States. Mr. Baird is Board Certified in Health Law by the Texas Board of Legal Specialization. He can be reached at 806.345.6320 or jbaird@bf-law.com.

Uncertain Times Call for Decisive Action

PAUL KOMISHOCK
General Manager, Government Affairs
PRIDE MOBILITY

REHAB EQUIPMENT PROVIDERS FACE many of the same challenges in the current reimbursement environment as those in other areas of the DME industry. However, recent developments are delivering new challenges to rehab providers that are as unique as the needs of the people they serve.

It is now more important than ever for the rehab equipment provider to become involved in affecting positive change.

For instance, there is still much uncertainty with the Power Mobility Device Local Coverage Determination (LCD)—specifically the assistive technology supplier (ATS) and assistive technology practitioner (ATP) requirement—as well as the upcoming implementation of competitive bidding and the First Month Purchase Option.

While these are just a few of the daunting obstacles facing the rehab provider, they should serve as a powerful reminder that there is still work to be done in Washington to protect the long-term welfare of the industry.

ATS/ATP Standard Requirements from Medicare

The April 1 requirement that providers must employ an ATS/ATP to have direct involvement in the selection process of any Group 2 single-power option chair or higher was already a standard practice for many rehab providers. LCD clarifications, which in the past created more questions than answers, have resolved several questions within the provider community through state associations and manufacturers' work with the DME MAC contractors.

The requirement that an ATS/ATP be "employed by" a provider, for example, has been clarified to mean that the ATS/ATP can be employed full time, part time or even on a per-diem or contractual basis. The question of involvement from an "in-person" perspective, while open to interpretation, does not mean that a provider can simply note in the clients' files that they were seen by an ATS/ATP, rather, it must be clear from patient records that there was direct involvement in the selection process by an ATS/ATP employed by the rehab provider. The amount of the ATS/ATP's involvement is up to the individual provider, but it needs to be more than a quick stamp of approval. It should, in fact, be a client-centered holistic approach to the intricate process of an assistive technology provision system. Further clarification for such policies will come not only over time, but also with the profound demand for answers.

This requirement may also lead to attrition in the complex rehab market. Providers that are less heavily involved in the provision of complex rehab products, or those who operate in small markets and rural areas, need clarification on how they can remain compliant and also meet their clients' needs.

Competitive Bidding and H.R. 2231

Providers who have been fighting against the July 1 implementation date for Round 1 of competitive bidding must also develop strategies to successfully run their businesses should it come to pass. With more than 160 providers reporting inaccurate disqualifications, it would seem reasonable for CMS to delay implementation of Round 1 until all cases are reviewed, the pool of bid winners is adjusted, the single payment amounts are recalculated and the correct number of bid winners is released.

Another competitive bidding trend we see developing that the industry will need to address is providers are winning bids outside of their core competencies. For example, a large respiratory provider may win a complex rehab contract.

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Uncertain Times Call for Decisive Action

Should manufacturers sell and supply products to such providers? Should the integrity and safety of the market be jeopardized by lack of attention to experience and written provider standards? Pride Mobility believes published provider standards developed by manufacturers go a long way in protecting both the integrity of the industry and the end users' best interests. Unfortunately, not all manufacturers have published standards, and this could lead to arbitrary decision making.

An underlying issue the rehab industry continues to face is the highly individualized nature of complex rehab and H.R. 2231, which exempts complex rehab from the competitive bidding program. Pride Mobility Products Corp. began its legislative grassroots lobbying efforts on bills such as Tanner-Hobson (H.R.1845) and has continued a vigorous fight on other legislative issues like H.R. 2231. We urge you join us in our fight against competitive bidding and to contact your elected officials to voice your support if you haven't already done so.

First Month Purchase Option

President Bush's budget proposal for the 2009 fiscal year includes cutting almost $200 billion from the Medicare and Medicaid programs. It is widely anticipated that the Medicare package will include a proposal to eliminate the First Month Purchase Option for power wheelchairs, which is estimated to save approximately $720 million over five years. Again, this "savings" will come at the expense of Medicare beneficiaries and leave providers scrambling to pick up the pieces.

While some in Congress have indicated that the budget is "dead on arrival," the First Month Purchase Option remains a potential target for any future Medicare proposals. It is imperative for Congress to understand that it needs to remain in place for power wheelchairs. Beneficiaries who are provided with power wheelchairs generally have a long-term need for the product. For those chairs that would be rented for the entire capped rental period, Medicare would actually pay 5 percent more for the product based on their own payment methodology.

Fight for Change

It is now more important than ever for the rehab equipment provider to become involved in affecting positive change in Washington. If you haven't contacted your elected officials, now is the time to do so. For an industry that values the high level of care we provide above all else, there remains a good number of elected officials who have little knowledge about the actual work being done for and by their constituents. The better educated you can help them become, the more respect they will have for what you do and the more understanding they will have when it comes to issues that are facing the industry and those we serve.

ABOUT THE AUTHOR:
Paul Komishock may be reached at 800.800.8586, ext. 1293 or pkomishock@pridemobility.com.

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Airline Travel With a Power Wheelchair

DAVID KREUTZ
PT, ATP
SHEPHERD CENTER

A SHORT TIME AGO, I was invited to meet with a group of airline personnel (executives, passenger service specialists, hazardous material specialists, baggage handlers, etc.) from Delta and ASA, a smaller commuter airline, to discuss changes in transportation regulations and how these affect the transport of power wheelchairs. It was encouraging to see the airline employees' interest in addressing new government regulations and their concern about how these regulations would affect the passengers they serve. They came to Shepherd Center to learn more about power wheelchairs, batteries and securement systems, and to learn how to disengage the power supply of wheelchairs.

Batteries seem to be a primary concern of the airline carriers.

Hopefully, the rehab community is aware of the difficulties persons with disabilities experience when traveling. Stories about wheelchair-dependant people being denied access to airplanes, being stranded on airlines for hours, having equipment lost or stolen, or having their chairs dropped or destroyed by baggage handlers are far too common. It's important to take a look at the policy changes and see what can be done to improve the process.

Some of the needed changes are minor, while others will require a concerted effort on the part of the wheelchair manufacturers, suppliers, consumers and airlines. Improvements in design, labeling, access and education will go a long way in making airline travel less hectic for people who use power wheelchairs for mobility.

First, we must understand how new regulations affect airline travel for persons who use power mobility. The Air Carrier Access Act was enacted in 1986, but the U.S. Department of Transportation and the Pipeline and Hazardous Materials Safety Administration have made numerous amendments to regulations. The most recent changes are as follows:

1. The allowance for "transportation of wheelchair or other battery powered mobility aids equipped with a non-spillable battery in checked baggage of passenger aircraft without disconnecting the batteries." Previously, batteries had to be removed and disconnected from the chair, enclosed in a case and secured, as the regulation further stated that the battery "must be enclosed in a rigid case or compartment which is integral to its design."

2. "The design of the wheelchair or mobility aid must provide at least two effective means of preventing accidental activation."

These amendments sound simple enough, reduce handling and accidental damage to the mobility device, and should reduce the amount of time that the user of the mobility device is without his/her wheelchair. However, let's take a closer look at what actions our industry can take to further improve the ease and efficiency of airline travel.

Batteries seem to be a primary concern of the airline carriers due to the Department of Transportation regulations. One of the first things that would improve compliance with the new regulations is for the battery manufacturers to clearly label batteries as non-spillable. I was quite surprised by what I found as I inspected different batteries here within the center. In bold print, battery manufacturers label their cardboard shipping boxes that contain batteries as "non-spillable". However, once the battery is removed from the shipping box, nowhere on the battery case itself does it state that the battery is non-spillable. If the actual batteries were clearly labeled as so, airlines could simplify their process for handling batteries. Remember, only spillable batteries and batteries that leak are required to be removed and sealed in a separate carrying case.

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The next issue has to do with the ease of inspecting the batteries, because they "must be enclosed in a rigid case or compartment which is integral to its design," per the regulation. The baggage handler or hazardous materials specialist must inspect the battery to determine if it is non-spillable and make sure the battery case is intact. When was the last time you removed a battery or batteries from a power wheelchair? The degree of difficulty varies quite a bit from one manufacturer to the next. Providing ease of access to batteries would be a benefit to wheelchair technicians as well as baggage handlers. If engineers and designers would make batteries easily accessible, this would improve the ease traveling and reduce delays caused by battery inspections.

Suppliers can also play a role by educating the consumer about battery access.

Suppliers can also play a role by educating the consumer about battery access—asking if the person who will be using the battery plans to fly, explaining the regulations or providing resources, and demonstrating or providing step-by-step instructions on the easiest way to access the batteries.

Instructions for disassembly may also be necessary in order for the airline baggage handlers to load some of the larger power wheelchairs. Some planes, like the MD80s and 737, have very small cargo door openings. In some cases, a power wheelchair may even need to be turned on its side in order to load. Providing written instructions on how to disassemble and reassemble the wheelchair may prevent an airline from turning the chair onto its side. Written instructions are also important because the crew that unloads the chair at the final destination is not present to see how the chair comes apart before liftoff.

Lastly, airline carriers must comply with making sure that the power supply is disabled to prevent accidental activation: "The wheelchair or mobility aid must provide at least two effective means of preventing accidental activation." One obvious method is to turn off the power wheelchair. Identifying a second method is not so simple. Options include disconnecting the battery supply from the

module, unplugging the joystick or specialty drive control, disengaging the gears/motors, unplugging the motors from the module or plugging in a charger port key. The latter is the simplest method and one that can be made consistent throughout product lines.

If all manufacturers provided a charger port key that disabled their wheelchairs, airlines would not have to disconnect wiring, risk of damaging chairs would be reduced, a standard method could be created for all baggage handlers and chairs could readily be powered if the need arose to move it during loading or unloading. Besides universal charging ports and a key, making the charging port and motor releases easier to identify would also improve this process. We have found that identifying the charging ports and motor releases with different colored electrical tape has made it much easier for staff to charge and move chairs within the hospital. Such identifiers would also help persons traveling with a power wheelchair.

These recommendations just address the latest regulation changes. Oregon State University's National Center for Accessible Transportation is in the process of evaluating and improving public transportation access for people with disabilities. For additional information, visit **www.ncat.oregonstate.edu.**

ABOUT THE AUTHOR:
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Ground rules for having letters published are:

- Letters must be no longer than 200 words and must not slander, libel or defame any individual or organization.
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The NRRTS Board determined RRTS™ and CRTS® should know who has maintained his/her registration in NRRTS and who has not. Names included are from March 3, 2008 through May 16, 2008. For an up-to-date verification on Registrants, visit www.nrrts.org, updated daily.

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HOW IS REHAB FARING IN WASHINGTON?

Rita Hostak, Vice President for Government Affairs, Sunrise Medical

Discover exactly what is happening concerning Complex Rehab and Assistive Technology in Washington, DC and what you can and need to do about it.

Rita Hostak is Vice President of Government Relations for Sunrise Medical. She has been with Sunrise since 1982. She has twenty-three years of experience in the home healthcare industry ranging from sales and sales management to government relations. She has twelve years of experience involving the regulatory and legislative side of reimbursement. Rita is the current president of the National Coalition for Assistive and Rehab Technology (NCART), serves on the Regulatory Committee at the American Association for Homecare and is the co-chair of the CMS Program Advisory and Oversight Committee regarding competitive bidding.

Thursday, July 24, 2008 • 5:00pm to 7:00pm Eastern Time

CREATIVE MOLDING OR WHY EVERYTHING WE'VE LEARNED DOESN'T ALWAYS WORK

Jill Sparacio, OTR/L, ATP, ABDA

When creating surfaces for custom molded seating, traditional practices revolve around the correction and accommodation of deformities. Seating goals include principles of proper alignment, i.e., shoulder symmetrically balanced over the pelvis. Closer analysis of deformities can reveal how seating goals can be met through the "exaggeration" of the support surfaces using non-traditional and unusual orientations. Jill Sparacio, OTR/L, ATP, ABDA, is an occupational therapist in private practice in the Chicago area. She has over 25 years experience in seating and wheeled mobility in addition to providing traditional occupational therapy services. Currently, Jill provides therapy services to long term care facilities for multiple impaired and medically fragile children and adults with developmental disabilities. She also provides consultation with seating manufacturers. Currently, Jill provides clinical instruction for the Pindot Custom Seating Certification course, a division of Invacare. Jill has also been involved in funding policies both on the national and state levels.

Thursday, August 21, 2008 • 5:00pm to 7:00pm Eastern Time

EVIDENCED BASED PEDIATRIC MANUAL WHEELCHAIRS

Lauren Rosen, PT, ATP

This session will focus on the evidence available for the provision of pediatric wheelchairs with a focus on manual wheelchairs. The course will discuss previous research in pediatrics as well as adult wheelchair research that relates to pediatrics. A discussion of the limitations of the current research will be included. Lauren Rosen is a Physical Therapist and an Assistive Technology Provider at St. Joseph's Children's Hospital in Tampa, Florida. She is the Program Coordinator for the Motion Analysis Center, a three-dimensional motion analysis lab. Additionally, she runs a seating and positioning clinic.

Thursday, September 18, 2008 • 5:00pm to 7:00pm Eastern Time

STANDING: ADVANCED PRINCIPLES, PRACTICES AND CLINICAL APPLICATIONS

Ginny Paleg, PT

This exciting course moves expert rehab providers to the next level. Bone density, bowel, bladder, spasticity and range of motion benefits of passive and dynamic standing (including vibration) programs will be highlighted. This session will conclude with a rousing session on funding that will leave you shouting "show me the money." Ginny Paleg is a pediatric PT from Silver Spring, MD. She works in a 0-3 (Early Intervention) program for Montgomery County Public Schools. She serves children in their homes and daycare centers. She is the Reimbursement Chair and listserve monitor for the pediatric section of the APTA. She is on the editorial board of Rehab Management and PT Products Magazines, and is on the consumer advisory board of VTech toys.

Thursday, October 16, 2008 • 5:00pm to 7:00pm Eastern Time

POWERED MOBILITY: FROM COGNITION TO TECHNOLOGY TO CLINICAL APPLICATION

Kevin Phillips, ATS, CRTS® and Anna Edwards, PT

This session will offer participants the ability to match features of a powered mobility system with the consumer in mind. Ms. Edwards has been a practicing physical therapist for over 30 years. She has clinical experience in a variety of settings: acute, ambulatory, rehabilitation, home health, psychiatric, school and private practice with pediatric, geriatric, orthopedic and neurology patient populations. She also has experience in health care management and service operations. She continues to practice in pediatrics and consults in the evaluation and selection of assistive technology and power mobility systems for persons with developmental disabilities across the lifespan. Kevin Phillips has been a RTS for several years. He has been a NRRTS Registrant since 2002 and is also a member of RESNA. Kevin speaks at national conferences such as the International Seating Symposium and Canadian Seating and Mobility Conference, on seating and mobility topics, specializing in seating for function.

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