REHAB CASE STUDY

Legislation Passage Makes Strong Case for Collaboration and Consumer Involvement in CRT Advocacy

WRITTEN BY: Julie Piriano, PT, ATP/SMS

The state of New Mexico did not recognize Complex Rehab Technology, or the skilled professional services to provide it, until it was signed into law on March 6, 2026. However, significant changes to the original "Wheelchair Insurance Coverage Bill" – HB 38, would not have been possible without the strong CRT advocacy efforts led by NCART, the National Coalition for Assistive & Rehabilitation Technology, mutual recognition and support for the customized nature of CRT led by the So Every BODY Can Move initiative, and the personal testimony presented by consumers with lived experience to legislators and the New Mexico Health Care Authority, so it was clear CRT is not just a chair with wheels.

HB 38, as originally proposed, amended the New Mexico minimum health insurance statute for coverage of prosthetics and custom orthotics to include coverage for a wheelchair or an activity chair "for a person with documented permanent physical conditions that significantly limit [their] ability to independently and safely ambulate, stand, perform functional mobility or engage in physical activity necessary for whole-body health." When I first read the bill, I assumed the sponsor meant individually

configured manual and power wheelchairs, similar to a custom orthotic or prosthetic. However, the legislative language did not specifically state that or put any safeguards in place to ensure the appropriate provision of an activity chair "designed specifically to enable a person with mobility impairment to participate in physical activities by providing better speed, safety, stability, maneuverability and balance than a standard wheelchair." I reached out to our friends in orthotics and prosthetics and proposed collaboration to strengthen the measure, support access to CRT and protect the state's financial resources.

I was introduced to Kyle Stepp, an amputee, internationally ranked elite para-triathlete and national lead for So Every BODY Can Move, from Albuquerque, New Mexico. Stepp immediately understood the parallel between custom orthotics, prosthetics and CRT, fully supported the amendments I proposed and became as fierce an advocate for this change as I was.

Our first hurdle was convincing the bill's sponsor that CRT is an essential healthcare benefit included in the Affordable Care Act. This was a new term in New Mexico, and she was not interested in introducing any changes that were not a mandated essential healthcare benefit. Fortunately, durable medical equipment is recognized as a "device" under the essential healthcare benefit's Rehabilitative and Habilitative Services and Devices category.

Between the trust relationship Stepp had already established with the representative and the one he had built with me, we were able to allay her concerns as she came to understand that CRT is a highly specialized DME that needed to be clarified in her bill for beneficiary protection and accurate healthcare expenditures.

Our second obstacle was convincing the House Health & Human Services Committee that the amendments improved the legislative language and why. Stepp was instrumental in including consumer advocates who use a CRT wheelchair to testify at the committee hearing so legislators could see and hear why a CRT wheelchair for everyday use, one for bathing/showering and one used for physical activity were all essential for the individual to maintain their health — just as a prosthetic is for these same purposes.

I submitted written testimony on the differences among the three types of CRT wheelchairs and why no single chair can meet all three needs outlined by So Every BODY Can Move. I was also able to testify virtually and explained the importance of including the CRT-specific service requirements, which the consumer advocates supported

as being very important. I believe our coordinated message, mutual support for one another's priority changes and the ability to respond to the committee's questions is why the bill, with amendments, was passed out of committee unanimously and went to the House floor.

Our third potential barrier was convincing legislators and third-party payers that the cost to implement the legislation, with amendments, was small. The group of advocates, who were engaged and committed to seeing this legislation pass, agreed that CRT for everyday use was already being funded. However, they also agreed that the wrong wheelchair, at the wrong time or for the wrong purpose, can cause harm as well as additional healthcare expenditures — reinforcing the request to strengthen the requirements for providing these highly specialized products. They also agreed that rehab shower/commode chairs were being funded, but the delay in access to care was high, which also had the potential to contribute to higher healthcare costs. Lastly, the group agreed that the subset of individuals who would benefit from a CRT wheelchair for physical activity is very small compared to the number of individuals who require a CRT wheelchair for daily use, but the health benefits derived from its use may offset the cost of the device over time. NCART and So Every BODY Can Move worked together on projected utilization and cost estimates that were reasonable and the bill passed out of the House unanimously.

At this point in the process, we were under a serious time crunch as the New Mexico legislative session is only 30 days in even years. The CRT community owes a debt of gratitude to the extraordinary efforts put forth by the So Every BODY Can Move team during the last week of the session. Their thorough understanding of our mutual mission and commitment to getting it done resulted in meetings with key senators, securing a commitment from the governor to sign the bill if passed, answering additional questions by third-party payers and clearing a path for the bill to move from the Senate Health and Public Affairs Committee to the Senate floor once it passed out of committee. The bill passed unanimously on the last day of the session.

The entire So Every BODY Can Move advocacy team shared a group "HB 38" text to keep everyone informed, provided support and ongoing encouragement and congratulated one another when the governor signed the bill into law, which will go into effect January 1, 2027.

So Every BODY Can Move is a grassroots healthcare advocacy and disability rights advocacy movement working to ensure people with disabilities have access to the mobility devices and care they need to move, participate and thrive through state-by-state legislative advocacy. They have embraced the CRT message, and we look forward to future opportunities to partner with them in a similar manner, as this case confirms that collaboration is the key to success.

CONTACT THE AUTHOR
Julie may be reached at
JULIE.PIRIANO@NCART.US

Julie Piriano, PT, ATP/SMS, is the senior director of payer relations and regulatory affairs at NCART, the National Coalition for Assistive & Rehabilitation Technology, where she works to preserve and protect access to Complex Rehab Technology. She has worked in the seating and wheeled mobility industry for the past 42 years as a clinician, provider, advocate and educator, presenting on the evaluation, documentation and clinical application of available technologies. Piriano is a member of the RESNA, the Rehabilitation Engineering and Assistive Technology Society of North America, Board of Directors serving on the finance and government affairs committees and is the liaison to the Professional Standards Board. She is an active participant in the Wheeled Mobility and Seating SIG and the PT PSG. Piriano is a Friend of iNRRTS, a member of the American Physical Therapy Association and the Clinician Task Force, and serves on the DMEMAC Advisory Councils, the board of the AMRG Group and several state associations. She is a highly proactive industry resource on legislative and regulatory issues that impact the CRT industry.