RESOLUTION 202 - 2011

Subject: Advocacy for Medicare/Medicaid Coverage of Multi-use Technology Platforms for Augmentative and Alternative Communication Devices

Introduced by: Mike Liu

Referred to: Quality and Clinical Outcomes

Whereas, Per the non-profit AAC Institute, over 2.5 million Americans have speech/language disabilities that they require an Augmentative and Alternative Communication Device (AAC) for daily functioning;¹ and

Whereas, An AAC device is defined as a speech-generating electronic package that assists in communication for individuals with speech/language disabilities including but not limited to: autism, developmental dyspraxia, cerebral palsy, amyotrophic lateral sclerosis, traumatic brain injury, and aphasia;² and

Whereas, Traditional single-use AAC devices (e.g. Dynavox) cost on the order of thousands of dollars and are not portable in a wide variety of settings;³,⁴ and

Whereas, Currently Wisconsin faces a Medicaid deficit of $153 million;⁵ and

Whereas, Nationally Medicaid spending will increase by an additional $443 billion by 2019, with a spending growth rate of 8% per year;⁶ and

Whereas, With the advance of technology, the AAC applications (e.g. Proloquo2Go) on smartphones and tablet PCs offer the same functionality at significantly reduced cost of only a few hundred dollars (e.g. an iPhone and Proloquo2Go application package costs less than $400 dollars);³,⁷,⁸ and

Whereas, AACs on smartphone, tablet PCs, and other multi-use technology platforms are not currently covered under Medicare and Medicaid reimbursement policy because "they are useful in the absence of illness or injury;”⁹ and

Whereas, Per Wisconsin Medical Society policy INS-020, the Wisconsin Medical Society is seeking to increase spending on "services for which reimbursement is low;" therefore be it

RESOLVED, That the Wisconsin Medical Society advocate for Medicare/Medicaid reimbursement of the cost of AAC applications and corresponding multi-use technology platforms such as, but not limited to, smartphones and tablet PCs (including portable speakers) in addition to traditional single-use AAC devices for Medicare/Medicaid beneficiaries. Data packages and associated costs are chosen and paid for by beneficiaries out-of-pocket. Non-AAC related applications are also paid by beneficiaries out-of-pocket; and be it further

RESOLVED, That our Wisconsin Medical Society forward these measures immediately for discussion at the American Medical Association 2011 Annual meeting.

Fiscal note: Within current budget.
References:

Relevant Policies

Society:
MRC-020

Medicaid Reimbursement Rates: The Wisconsin Medical Society supports the following policy concerning the Medical Assistance budget:
• Visit code reimbursement should represent the intensity of services provided.
• Additional increases should be given to services for which reimbursement is particularly low.
• There should be reasonable annual inflation increases for all Medicaid physician services on an across-the-board basis.
• The Wisconsin Medical Society supports a fair Medicaid reimbursement rate in order to increase access for all patients in Wisconsin, particularly in rural and inner city areas. (HOD, 0407)

Unnumbered Policy, passed by BOD in June 2010, subject to HOD approve in April 2011:
The Wisconsin Medical Society’s Statement of Principles for Allocating MA Program Resources: The goal of the Wisconsin Medical Society should be to communicate to and provide policy makers and legislators its’ members’ informed opinions on how best to allocate resources for health care.

Therefore, the Wisconsin Medical Society shall support and work to implement policies regarding the state MA program that allocate those limited resources to benefit the most amount of people with the best health care possible with the resources that are available.

• Acknowledge that the goal is health rather than health services or health insurance
• Commit to a public process with structured public input
• Commit to meet budget constraints by reducing benefits rather than cutting people from coverage or reducing payments to levels below the cost of care
• Commit to use available resources to fund clinically effective treatments of conditions important to Wisconsinites
• Develop explicit health service priorities to guide resource allocation decisions
• Commit to maintain the integrity of the prioritization process, including a prohibition against changes to the priorities as part of Legislative funding decisions
A greater emphasis is placed on preventative services and chronic disease management reflecting the fact that providing health care before reaching crisis mode will prevent avoidable morbidity and mortality. The nine categories in ranked order are:

Category 1: Maternity and newborn care
Category 2: Primary and secondary prevention
Category 3: Chronic disease management
Category 4: Reproductive Services (excluding infertility services)
Category 5: Comfort care
Category 6: Fatal conditions where the focus of treatment is on disease modification or cure
Category 7: Nonfatal conditions where the focus of treatment is on disease modification or cure
Category 8: Self-limiting conditions
Category 9: Inconsequential care

To sort and rank items within the categories the Wisconsin Medical Society encourages the State Legislature and the Department of Health Services to consider priorities within categories when making choices in determining the prioritization of health care resources:

When considering priorities and deciding measures to best capture the impacts on both individual health and population health the following should be considered in determining the relative importance of a condition-treatment pair:

• Impact on Suffering – to what degree does the condition result in pain and suffering? Effect on family members (e.g. dealing with a loved one with Alzheimer’s disease are needing to care for a person with a life-long disability) should also be factored in here.
• Population Effects – the degree to which individuals other than the person with the illness will be affected. Examples include public health concerns due the spread of untreated tuberculosis or public safety concerns resulting from untreated severe mental illness.
• Impact on Health Life Years – to what degree will the condition impact the health of the individual if left untreated, considering the median age of onset (i.e., does the condition affect mainly children, where the impacts could potentially be experienced over a person’s entire lifespan)?
• Vulnerability of Population Affected – to what degree does the condition affect vulnerable populations such as those of certain racial/ethnic decent or those afflicted by certain debilitating illnesses such as HIV disease or alcohol and drug dependence?
• Tertiary Prevention – in considering the ranking of services within categories 6 and 7, to what degree does early treatment prevent complications of the disease (not including death)?
• Effectiveness – to what degree does the treatment achieve its intended purpose?
• Need for Medical Services – the percentage of time in which medical services would be required after the diagnosis has been established.

AMA Policy: None