

Edward Bonk PT, ATP/SMS
Hudson Seating & Mobility
151 Rockwell Rd. Newington, CT 06111

March 3, 2014

Re: In support of SB-325 (LCO 1369); An Act Concerning Medicaid Recipients With Complex Medical Needs,

Dear Senator Slossberg, Representative Abercrombie and Human Services Committee Members,

Hello, my name is Ed Bonk. I live in Manchester and have been a lifelong resident of Connecticut. I am here today to support passage of the Complex Rehab Technology bill, SB 325. This is important legislation that needs to be passed to insure continued access of CRT to help people with disabilities get the specialized equipment that they need.

I have been a Physical Therapist (PT) for 32 years. I am also certified by RESNA the Rehabilitation Engineering and Assistive Technology Society of North America as both an Assistive Technology Professional (ATP) and a Seating and Mobility Specialist (SMS).

10 years ago I made the transition from direct patient care as a PT to working at Hudson Seating & Mobility, a Complex Rehab Technology provider here in Connecticut. I now work with physical and occupational therapists throughout the state to obtain appropriate Complex Rehab Technology for Connecticut patients. I am very proud to work in this environment. I have the ability help our most vulnerable population (the disabled) get the equipment they require to that meet their medical needs and to improve their quality of life.

Hudson Seating & Mobility has proudly serving the disabled community since 1980. We currently have 9 locations throughout the Northeast - two of which are located in Connecticut in Newington and Pomfret Center. Hudson employs approximately 180 people. Of these 180, about 100 work in either of our two Connecticut locations. Last year (2013) we serviced approximately 10,000 Connecticut residents. About half, or 4,800 of those individuals were for CRT or servicing of their CRT. The remaining 5,000 were home medical equipment (non-CRT) customers.

I want to stress that CRT is NOT "The Scooter Store" type of equipment that we have all seen on TV. CRT is for people with a full time and lifelong need for specialized equipment. CRT is for patients with progressive or degenerative neuro-muscular diagnoses. For example: Spinal cord injuries, Multiple Sclerosis, Muscular Dystrophy, ALS-Lou Gehrig's disease, Parkinson's, and Cerebral Palsy. Individuals with these diagnoses require equipment is individually configured to meet all their medical needs. Their equipment is not "standard".

I have brought with me an example of a CRT power wheelchair. This specialized power wheelchair is designed with an alternative drive system for a person that due to their disability is only able to move their head. So instead of a more traditional joystick that someone would operate their wheelchair by moving their hand, this wheelchair has a special system embedded in the head rest that allows a person to drive the power wheelchair by slight movements of their head.

The CRT provision process involves working closely with the physician, physical therapists, and/or occupational therapists that identify the patient's specific medical need and functional needs (clinical abilities and deficits). As an ATP I provide trial equipment and present the technology options that can best meet those medical and functional needs. Together with the medical professionals and the patient the most medically appropriate equipment and components are identified.

CRT equipment is vital for patient's independence and safety to slow down any further decline in their condition or prevent any additional medical conditions from arising. If an item is not properly identified and provided the result can be devastating to the patient and result in costly medical intervention and treatment. For example, if a patient develops a pressure ulcer due to improper positioning, that will require prolonged bed rest (they are unable to use their equipment and if they work, they cannot go to work) and medical treatment. They may require hospitalization or even surgery. The treatment of pressure sores can include skin flap surgery and other treatments that can result in medical costs ranging from \$40,000 to \$100,000.

There is a significant difference between CRT and Home Medical Equipment (HME). For HME all that is needed to obtain a manual wheelchair is documentation that the patient cannot walk and their height and weight. Then a standard wheelchair can be dispensed. This equipment is typically needed just to get from point A to point B. For example: to go to the bathroom. Once there the patient transfers out of the wheelchair for toileting. CRT is for life time need! A typical CRT user gets into their wheelchair in the morning and may not get out of that chair until they go to bed at night.

Supplying CRT is a very labor intensive industry. Here are the various steps to obtaining CRT:

1. Initial clinical evaluation the medical professionals and ATP
2. Trials and demonstration of various types of equipment to see what is clinically most appropriate.
3. Gathering of all necessary medical documentation to submit to the insurance plan for review.
4. Ordering of individual components.
5. Once all components received assembling the equipment.
6. Initial fitting, follow up fittings and adjustments (sometimes this can be 5-8 appointments).
7. In house billing.

It must be noted that suppliers do not get reimbursed for any labor in this process. This labor can easily reach 20-25 hours of labor on a CRT power wheelchair.

The CRT industry is operating on small profit margins. In Connecticut we have been hit hard with reductions in both Medicare and Medicaid reimbursements. In fact, the majority of CRT supplied to Connecticut residents is now down to 2 regional/national suppliers of CRT: Hudson Seating & Mobility and Numotion.

I feel the need to also address the re-use of durable medical equipment (DME). I think there is much value in re-using certain DME items. Standard wheelchairs and hospital beds that are 'capped rentals' are re-used all the time. Connecticut has a wonderful program for re-using equipment for the Birth-to-Three population/program. However, I do not believe that CRT should be re-used. As I mentioned before CRT users have a life time and 24 hour need for the equipment. This places quite a strain on the equipment and as far as I know there is no standard to evaluate used equipment to determine if it is safe to re-use. In addition, CRT is customized to each individual.

In closing I urge you to pass Senate Bill 325. It will improve access to this specialized equipment for Connecticut residents with disabilities and add safeguards to make sure only qualified companies provide this equipment. It will also help to reduce health care costs.

Thank you for the opportunity to speak with you today.

Edward Bonk PT, ATP/SMS
Hudson Seating & Mobility