



**Testimony for the Senate Special Committee on Aging**

**The Opportunities and Challenges of Assistive Technology**

**April 27, 2004**

**Submitted by:  
The ITEM Coalition**

This testimony is being submitted on behalf of the ITEM Coalition, which is an acronym for Independence Through Enhancement of Medicare and Medicaid. The ITEM Coalition was formed in 2003, and its over 70 member organizations include a diverse set of disability organizations, aging organizations, other consumer groups, labor organizations, voluntary health associations and non-profit provider associations.

The ITEM Coalition's purpose is to raise awareness and build support for policies that will improve access to assistive devices, technologies and related services for people of all ages with disabilities and chronic conditions. From coverage for hearing aids to augmentative communication devices (AACs) to advanced artificial limbs to screen readers for people with vision impairments, the Coalition's mission is a broad one with implications for virtually every person with a disability who relies on assistive devices to be healthy, functional and independent.

We would like to commend the Special Committee on Aging for holding this hearing. Assistive technology assists million of Americans everyday, and this Committee's interest in improving coverage of and services around assistive technology is of the utmost importance. It is our hope that this hearing will continue to highlight the need and build the case for better coverage policies for assistive technology by public programs and private payers of health care services.

### **Assistive Devices, Technologies and Related Services**

The ITEM Coalition uses the term "assistive devices, technologies and related services" because it encompasses an expansive range of items and related services that assist people with disabilities and chronic conditions in virtually all aspects of their lives. These devices range from low technology mobility aids such as canes and handheld magnifiers to high technology speech synthesizers and other augmentative communication devices. Assistive technology can be medical in nature, e.g., a prosthetic

limb, or completely non-medical but important to full function of the individual, e.g., a modified work station or an accessible van.

Additionally, assistive devices and services that train people to use them play a critical role in preventing injuries in persons with disabilities and chronic conditions, thereby helping to maintain good health. For instance, a modest investment in safety devices such as grab bars for the shower and bathtub can prevent costly hospitalization and rehabilitation due to slips and falls.

According to the National Institute on Disability and Rehabilitation Research (NIDRR), in 2001 over 15 million Americans with disabilities reported using assistive devices or technologies.<sup>1</sup> The American Association of Retired Persons (AARP) conducted a survey in 2003 in which they found that a third of persons 50 and over use some type of special equipment or assistive technology in their daily activities.<sup>2</sup> Based on 1994-95 data, it is estimated that 6.8 million Americans use some kind of assistive device for mobility, including approximately 1.7 million who use wheelchairs or scooters.<sup>3</sup> The number of wheelchair users today has grown to approximately 2.1 million.<sup>4</sup> Millions of Americans report living in homes and using cars or vans that have been modified to meet their special needs.<sup>5</sup>

While the demand for assistive technology is significant, the greatest barrier to access is affordability. More than 2.5 million Americans report they need assistive technology that they do not have, with about 70% citing cost as the primary reason.<sup>6</sup> Almost one-quarter of persons 50 and older with disabilities, who do not use any special equipment said that

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<sup>1</sup> Carlson, D., Ehrlich, N., Berland, B.J., and Bailey, N., Assistive Technology Survey Results: Continued Benefits and Needs Reported by Americans with Disabilities, National Institute on Disability and Rehabilitation Research, 2001.

<sup>2</sup> AARP, Beyond 50.03: A Report to the Nation on Independent Living and Disability, 2003 (using data collected as part of AARP/Harris Interactive Survey of Persons Age 50+ with disabilities, 2002).

<sup>3</sup> National Health Interview Survey on Disability, Phase I file, National Center for Health Statistics, 1994-1995.

<sup>4</sup> United States Census Bureau, Americans with Disabilities: Household Economic Studies, 2001 (using 1997 data).

<sup>5</sup> Carlson, D., et. al., supra note 1.

<sup>6</sup> National Health Interview Survey on Disability, Data File Documentation, National Center for Health Statistics, 1992.

equipment such as a hearing aid, wheelchair, cane or walker would improve their lives<sup>2</sup> and between 1994 and 1997, 1.3 million Americans with disabilities working at the time reported needing one or more additional assistive devices.<sup>7</sup> Less than 20% of the estimated 28 million Americans who could benefit from hearing devices currently have them.<sup>8</sup> In fact, 50% of assistive technology users and 75% of those with home modifications paid for this assistive technology themselves or with the help of family members, with no help from third party payers.<sup>9</sup> The barriers to access to assistive devices, technologies and related services have been documented to result in physical consequences, such as a general deterioration in health and a risk of secondary injuries, as well as strained relationships with family, friends, and colleagues, financial strain, decreased independence, and limitations in social participation.<sup>10</sup>

### **Changing Society, Changing Benefits**

The ITEM Coalition appreciates the timeliness of this hearing and the Committee's attention to this issue. As our society changes demographically, our society's perception of and policies regarding people with disabilities are progressing and improving as well. Never before has there been such an intense need to develop proper services, coverage and understanding of assistive devices, technologies and related services. Indeed, technology will inevitably prove to be a driving force behind the inclusion of people with disabilities of all ages into society.

#### *The New Freedom Initiative*

Unveiled in February, 2001, the President's *New Freedom Initiative* (NFI) is intended to help Americans with disabilities by increasing access to assistive technologies, expanding educational opportunities, increasing the ability of Americans with disabilities to

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<sup>7</sup> Carlson, D., et. al., supra note 1

<sup>8</sup> Kochkin, S. and Rogin, C., Quantifying the Obvious: The Impact of Hearing Instruments on Quality of Life, *The Hearing Review* 7(1): 6-35 (2000).

<sup>9</sup> National Health Interview Survey on Disability, Data File Documentation, National Center for Health Statistics, 1992 (using survey data collected in 1990).

<sup>10</sup> Neri, M.T., and Kroll, T., Understanding the Consequences of Access Barriers to Health Care: Experiences of Adults with Disabilities, *Disability and Rehabilitation* 25(2): 85-96 (2003).

integrate into the workforce and promoting increased access into daily community life. The ITEM Coalition commends this Administration for taking on this agenda, which reflects the full potential and progress of people with disabilities. However, while the NFI focuses heavily on assistive technology issues, the proposals within the NFI are limited to funding increases in research and development of assistive technologies and alternative financing mechanisms administered through the state Tech Act programs. Missing from the NFI is any proposal to coordinate vocational rehabilitation programs with other education, labor, and health programs to enhance access to assistive technologies. Also missing from the NFI is a serious assessment and process for making recommendations to improve third party payer coverage of health-related assistive devices, technologies, and related services.

Many publicly financed health programs (Medicare, Medicaid, the VA, FEHBP, and TRICARE) as well as private health plans routinely cover varying amounts of durable medical equipment, orthotics, prosthetics and supplies, but coverage policies are in need of review and revision. In addition, coverage policies need to be created for many health-related assistive, sensory and communication technologies, and other devices and related services. In the spirit of which the NFI was created, the federal health coverage programs must progress and set an example of thorough coverage of assistive devices, technologies and related services so people with disabilities are able to fully participate in their work and in the community.

#### *Movement Toward Home and Community Based Services*

As society's perception of with disabilities has progressed, there has been a significant shift in the way in which services to people with disabilities have been delivered. Historically, people with disabilities have often received their personal care services in the institutional setting, requiring many individuals to be removed from their homes and communities. However, as a result of the disability rights movement, as well as the 1999 Supreme Court decision in Olmstead vs. L.C. that found unnecessary institutionalization of people with disabilities to be discriminatory under the Americans with Disabilities Act, policymakers have begun to increase the opportunities for people with disabilities to

receive “home and community based services.” There is a strong preference, particularly with individuals ages 50-64, to live independently in the homes or community based settings.<sup>11</sup>

Access to assistive devices, technologies and related services is an essential component for the success of home and community based services. However, currently there are contradictions between coverage policies for assistive technologies and the policies and decisions that embody the home and community based services programs. For example, Medicare’s coverage of power mobility, such as power wheelchairs, is based on the “in the home” and “bed or chair confined” criteria. The program provides access to mobility devices if needed for use “in the home” – within the four walls of one’s home – and not if one needs them to fully participate in work, school, and the community outside of the home. Additionally, Medicare only provides access to those who are “bed or chair confined,” and not to those who can get out of bed but have limited mobility without a wheelchair, scooter or similar device. If people with disabilities are not given the tools necessary to be functional and independent in society, then the goal of home and community based services will inevitably be lost.

### *Aging Population*

As our population continues to age, improvements in coverage of assistive devices, technologies and related services become more and more imperative. Currently there are 76 million people over the age of 50 and by 2020 there will be 116 million people, or 36% of the population, over 50.<sup>12</sup> Additionally, it is estimated that 33% of people 50 and over use some type of special equipment or assistive technology.<sup>13</sup> Ages that were once considered “elderly” are now inching their way closer and closer to our country’s median age. Given that such an enormous number of lives could be significantly improved and prolonged by enhancing access to wheelchairs, hearing aids, reading devices and other assistive technologies, the achievement of the goal is essential.

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<sup>11</sup> AARP, *supra* note 2.

<sup>12</sup> Security Industries Association. [http://www.sia.com/springboard/html/whos\\_there.html](http://www.sia.com/springboard/html/whos_there.html) (2004).

<sup>13</sup> AARP, *supra* note 2.

As the population ages, so does the workforce. The labor force between the ages of 45-64 will grow faster than the labor force of any other age group as the baby boom generation born 1946-64 continues to age.<sup>14</sup> Numerous government programs are in place to allow older workers and workers with disabilities to remain active in the workforce and billions of dollars are rightfully placed into these services every year. However, again, contradictions between health programs' coverage criteria for assistive technology and federal initiatives and programs for those with disabilities exist. In order for employment services to be successful for people with disabilities, it is crucial that there is sufficient access to assistive devices, technologies and related services.

### **The Next Frontier**

In December, 2003, as a result of pharmaceuticals improvements and costs increases, President Bush signed into law the *Medicare Prescription Drug, Improvement and Modernization Act of 2003*. For the first time in history, the Medicare Program will help cover the costs of prescription drugs for all Medicare beneficiaries. The addition of a prescription drug benefit illustrates a reevaluation of health coverage policies as a result of scientific advancements in pharmaceuticals.

The ITEM Coalition strongly believes that improving coverage of assistive devices, technologies and related services is the next frontier for policy change, and current regulations, specifically those under Medicare, are ripe for reevaluation. Scientists, engineers and manufactures have developed, and continue to produce, technologies that allow people in wheelchairs to climb stairs, people with artificial legs to complete marathons, people with extensive hearing loss to appreciate symphonies and people who are blind to access visual presentations. Strict conceptions of "medical necessity" that fail to take into account improvements in function and quality of life are no longer appropriate standards for assistive devices. Furthermore, in the end, access to assistive technologies has the potential for cost savings, as technological innovations unleash

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<sup>14</sup> Bureau of Labor Statistics, Employment Projections, 1999.

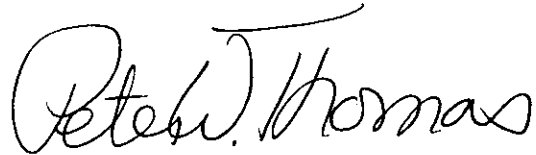
unprecedented levels of workforce improvements, independent living and community participation among the population of people with physical, cognitive, sensory and communication disabilities.

Thank you for the opportunity to submit testimony at this important hearing. If you have any questions, please feel free to contact us at (202) 349-4260.

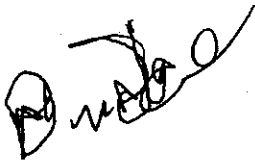
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