Independence Through Enhancement of Medicare and Medicaid COALITION

July 20, 2026

SUBMITTED ELECTRONICALLY

The Honorable Neal Dunn (R-FL)
U.S. House of Representatives
c/o Palmer Van Tuyl
466 Cannon House Office Building
Washington, DC 20515

The Honorable Nanette Barragán (D-CA)
U.S. House of Representatives
c/o Michelle Tabajonda
2321 Rayburn House Office Building
Washington, DC 20515

The Honorable Claudia Tenney (R-NY)
U.S. House of Representatives
c/o Jack Boyd
2230 Rayburn House Office Building
Washington, DC 20515

Re: <u>ITEM Coalition Support for H.R. 8500, the Timely Access to Coverage Decisions Act</u>

Dear Representatives Dunn, Barragán and Tenney:

The undersigned members of the Independence Through Enhancement of Medicare and Medicaid ("ITEM") Coalition write to express our strong support for **H.R. 8500, the *Timely Access to Coverage Decisions Act*.** This much-needed bipartisan legislation includes critical reforms that would create a more predictable and patient-centered Medicare coverage determination process that better supports access to innovation while preserving appropriate clinical and programmatic oversight. We commend you for your leadership in addressing a longstanding challenge within the Medicare program: the absence of clear, accountable, timely, and transparent processes for making coverage decisions that directly affect beneficiary access to care.

The ITEM Coalition is a national consumer- and clinician-led coalition comprised of 103 national organizations advocating for access to and coverage of assistive devices, technologies, and related services for people with injuries, illnesses, disabilities, and chronic conditions of all ages. Our members represent individuals with a wide range of disabling conditions, as well as the providers who serve them, including limb loss and limb difference, multiple sclerosis, spinal cord injury, brain injury, stroke, paralysis, cerebral palsy, spina bifida, hearing, speech, and visual impairments, myositis, and other life-altering conditions.

For millions of Medicare beneficiaries, coverage decisions are not merely administrative determinations—they are the gateway to obtaining medically necessary technologies that support mobility, communication, health, function, independent living, and quality of life. Yet Medicare coverage processes are often characterized by prolonged delays, limited transparency, and inadequate opportunities for stakeholder engagement, leaving beneficiaries waiting months or even years for decisions that determine whether they can access life-changing technologies. H.R. 8500 would help address these concerns by establishing clear timelines for Local Coverage Determination ("LCD") requests, strengthening transparency and public participation requirements, and creating meaningful accountability mechanisms when coverage decisions are inconsistent with clinical evidence, Medicare law, or agency policy.

The ITEM Coalition is well aware that Medicare's existing LCD procedures include important protections, including opportunities for public comment and timelines once a proposed LCD has been issued. However, these protections do not fully address delays that occur before the formal coverage process begins. H.R. 8500 appropriately closes this gap by establishing enforceable timelines beginning with the submission of a complete request, ensuring that stakeholders receive timely consideration rather than waiting indefinitely for the process to commence. This timely review process is essential to ensuring access to medically necessary technologies and services.

At its core, the *Timely Access to Coverage Decisions Act* would ensure that Medicare beneficiaries have timely access to the medical devices, technologies, and treatments they need. Today, the LCD process—which governs whether Medicare will cover a particular item or service within a Medicare Administrative Contractor's ("MAC") jurisdiction—lacks meaningful deadlines and often provides limited transparency regarding the status of coverage requests. As a result, beneficiaries, particularly seniors and individuals with disabilities and other chronic conditions, can face prolonged uncertainty and delayed access to innovative medical technologies that have the potential to improve health outcomes, independence, and quality of life. The bill would address these challenges by:

- **Prioritizing timely patient access through enforceable decision-making deadlines.** The bill establishes enforceable statutory timelines that begin when a complete LCD request is submitted; not months or years later after a proposed LCD has been drafted. By requiring MACs to determine within 60 days whether a request is complete and to issue a final coverage determination within one year of receiving a complete request, H.R. 8500 closes an important gap in current Medicare policy that can leave stakeholders waiting indefinitely before the formal LCD process begins.

- **Enhancing transparency, stakeholder engagement, and accountability.** By requiring public notice, open meetings with remote participation options, expert clinical input, and meaningful opportunities for public comment, the legislation would promote a more transparent and inclusive coverage process.

- **Establishing a meaningful pathway for review and correction of flawed coverage decisions.** The bill creates a formal mechanism for agency review of LCD

determinations that may be inconsistent with clinical evidence, conflict with Medicare law and policy, or otherwise inappropriately restrict beneficiary access to care.

The need for these reforms is further underscored by the ITEM Coalition's own experience navigating Medicare coverage processes. In September 2020, the ITEM Coalition submitted a formal request to the Centers for Medicare and Medicaid Services ("CMS") seeking reconsideration of Medicare's national coverage policy to permit coverage of standing systems in power wheelchairs. Standing systems enable individuals with significant mobility impairments to safely achieve and maintain a standing position, offering important health, function, and quality of life benefits. Despite the passage of nearly six years, CMS has yet to open a National Coverage Analysis ("NCA") for public comment, the action that formally initiates the Agency's review process. Consequently, beneficiaries, clinicians, researchers, and other stakeholders remain without any meaningful indication of when—or even whether—the request will be evaluated.

While H.R. 8500 specifically addresses the LCD process rather than the National Coverage Determination ("NCD") process, our experience highlights a broader challenge within Medicare coverage policy. Beneficiaries and stakeholders deserve a system that operates with transparency, predictability, and accountability. When coverage requests can languish for years without formal action, established timelines, or opportunities for public engagement, access to potentially beneficial technologies is delayed, innovation is discouraged, and confidence in the coverage process is undermined. The principles embodied in H.R. 8500—timely decision-making, transparency, stakeholder participation, and accountability—are essential to ensuring that Medicare keeps pace with advances in medical technology and the evolving needs of beneficiaries.

For these reasons, the ITEM Coalition strongly supports H.R. 8500 and appreciates your leadership on this important issue to promote a more timely, transparent, and accountable Medicare coverage process. We look forward to working with you and your House colleagues to advance this legislation prior to the end of the 119th Congress to strengthen Medicare beneficiaries' timely access to medically necessary medical technologies and services.

Should you have any further questions regarding this letter, please contact the ITEM Coalition Co-Coordinators at Peter.Thomas@PowersLaw.com and Michael.Barnett@PowersLaw.com or by calling 202-466-6550.

Sincerely,

The Undersigned Members of the ITEM Coalition

Access Ready, Inc.
ACCSES
Alexander Graham Bell Association for the Deaf and Hard of Hearing
All Wheels Up
Alliance of Wound Care Stakeholders
ALS Association*
American Academy of Physical Medicine & Rehabilitation

American Association for Homecare
American Association on Health and Disability
American Cochlear Implant Alliance
American Congress of Rehabilitation Medicine
American Macular Degeneration Foundation
American Music Therapy Association
American Occupational Therapy Association
Amputee Coalition*
Association of Rehabilitation Nurses
Autistic Women & Nonbinary Network
Blinded Veterans Association
Center on Aging and DIS-Ability Policy
Christopher & Dana Reeve Foundation*
CureLGMD2i Foundation
Cure SMA
Epilepsy Foundation of America
Muscular Dystrophy Association
National Disability Rights Network (NDRN)
NCART
Institute for Matching Person and Technology
International Registry of Rehabilitation Technology Suppliers
Lakeshore Foundation
Long Island Center for Independent Living
Ocutech, Inc.
Prevent Blindness
RESNA
Rifton Equipment
Spina Bifida Association*
Team Gleason*
United Ostomy Associations of America, Inc.
United Spinal Association*
The Vision Council
VisionServe Alliance

Indicates ITEM Coalition Steering Committee Member