From: Karen Seifert <KarenS@Hiawathahomecare.com>
Sent: Thursday, April 8, 2021 3:08 PM
To: Patrick McQuillan <Patrick.McQuillan@house.mn>
Subject: Public Testimony HF2128

Dear Mr. McQuillan:

My son's medical equipment company just informed me about the proposed budget cuts to DME and medical supplies.

My 35 year old son lives at home and has been on life support since he was 11 months old. He is unable to take a breath on his own, he has NEVER been able to walk, he is deaf in both ears, he is blind in one eye, he is fed through a gastrostomy tube, and he requires 24-hour nursing care. IF he were transferred to a nursing home, he would be dead in less than a couple of days. He is incredibly respiratorily fragile. Despite all this, he lives a very happy and full life due to his caregivers AND the durable medical equipment and supplies that he requires: a ventilator and back-up, oxygen, gastrostomy feeding equipment and supplies, respiratory suction equipment, customized tracheostomy, a power wheelchair, feeding formula and many other life support equipment/devices/supplies.

To the point of this budget cut proposal, if our DME supplier becomes no longer able to provide my son Michael Seifert with the level and amount of home care supplies and equipment that he requires to stay healthy at home, he would require ICU LEVEL hospital care. Would this then be covered by Medicare??? Or would his parents be assessed those extremely high care costs??

It is critical for all homecare clients to receive the care, as well as the equipment and supplies, that have been legally prescribed by their physician. Medicare should not have the final say in what and how much is a necessity for patient care.

Karen Seifert
Founder
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Homecare from the heart
HIAWATHA
homecare

Delawoe C Bahtuoh
9113 Nantwick Ridge
Brooklyn Park MN 55443
763-267-3040
delbahtuoh@gmail.com

April 8, 2021

Re: **HF2128, Article 1, Section. 50**

Dear Mr. McMullan:

I am writing in reference to **HF2128, Article 1, Section 50** on changes to payment rates for durable medical equipment.

In 1995 at the age of 18 I sustained a devastated Spinal Cord injury that almost killed me and left me paralyzed from the neck down. I became confined to a wheelchair. With family support and good medical care I graduated from high school. I went to college and graduated with a degree in Mathematics from the University of Minnesota. Today I have a family and a daughter who is almost 3 years old. I have been working with Wells Fargo for more than 15 years.

I have been able to be successful because of the medical equipment such as my power wheelchair that I use. I also use a ceiling lift that transfers me from bed to my wheelchair. Every equipment has to be in good working condition everyday so I can go to work and earn a living to provide for my family. I can go to doctors' appointments, go about my daily activities in the community because I am mobile. Those equipment are needed. They make living with a disability possible.

I am aware of the proposed cuts to payment rates for Durable Medical Equipment or DME. I am appealing to you not to go forward with the proposed cuts to payment rates for DME. The proposed cuts would make it difficult to get those medical equipment. Saving money for the state should not be at the expense of individuals such as myself and others who rely on CRT.

Thanks for your time.

Sincerely

Delawoe C Bahtuoh

Del Bahtuoh

I am writing in reference to HF2128 Article 1, Sec. 50 on changes to payment rates for Durable Medical Equipment
Nancy Smith nanchentress@aol.com
Equipment: Power wheelchair (seat elevator, tilt, recline, power legs) , ceiling lift, standing frame
Uses all the features of the power w/c to keep from getting pressure ulcers, get sicker; allows pressure relief and independence. I am alone in power w/c for 12 hrs per day. Able to use power w/c to get to the fridge, get a drink; without all features of the chair; would not be able to complete all activities of daily living. These are necessities of Living NOT luxuries.
This power w/c is part of my physical body; my only way to be able to do anything. Otherwise I will be stuck in bed. To take away this would be like duct taping a person to a wooden chair.
My life is hardly livable now and if my options I have now were taken away; my life would be unbearable. My world very small with my handicap. Feel as if I would be in handicap jail. Would be stuck in bed without power wheelchair. Joints contractured, skin breakdown
My chair helps prevent pressure ulcers, joint contractures, mental health issues, increase risk of UTI's (911-life threatening), I would most likely have to live in a facility without my independence; which I would not consider.
Currently able to live an active life with my handicapped van and using power w/c. Get to dr's appt's, outings with family, Mental health outings, shopping.
In my opinion this is a very foolish consideration

Nancy Smith

2070 Little Hills Expressway |St. Charles, MO | 63301-3708

April 8, 2021

Submitted electronically

Patrick.mcquillan@house.mn

Re: Written Testimony Regarding Health and Human Services Omnibus Bill HF 2128, Durable Medical Equipment (DME) Article

To Whom It May Concern:

Numotion is a national Complex Rehab Technology (CRT) provider with several locations covering both rural and non-rural areas throughout Minnesota. We serve both children and adults with high-level disabilities such as Cerebral Palsy, Muscular Dystrophy, Multiple Sclerosis, Spinal Cord Injury, Amyotrophic Lateral Sclerosis and Spina Bifida. Many have Medicaid as their source for healthcare.

CRT is a specialized category of DME that consists of individually configured mobility products and services, including manual and power wheelchairs, designed to meet each individual's unique and complex medical needs. These products enable individuals with disabilities to achieve the highest level of independence while preventing chronic, secondary issues that in many cases require in patient care with increased healthcare cost.

The proposed Health Omnibus Finance Bill HF 2128 includes significant cuts to DME. These cuts are not sustainable for CRT providers. The impact of these cuts will cause significant delays and access issues to Minnesota's most medically fragile with negative healthcare outcomes. We respectfully request that Minnesota Health and Finance Policy Committee and Minnesota Legislature consider our concerns and remove DME rate cuts from HF 2128, as listed below:

1) Article 1 Section 50(1) (m): Proposes payment rates for all DME to follow Medicare rates. ○ Medicare rates should not be applied across the board for all DME/CRT HCPCs codes. It is important to understand that the Medicare pricing is set for services offered by Medicare. This Federal healthcare program was designed primarily for retired adults and limits the allowance and use of DME in the home. Medicaid's coverage expands that of Medicare, serving both children and adults with disabilities, who need their complex equipment and mobility products in the home and the community. Applying Medicare rates to all DME/CRT HCPCS codes arbitrarily, does not support the level of service required.

○ It is important to note that Congress and Medicare formally recognized the higher cost of providing CRT as well as negative repercussions of reducing reimbursement. As a result, they have permanently excluded CRT from the Competitive Bidding Program to ensure access for beneficiaries. The majority of CRT HCPCS codes were also excluded from the Cures Act.

2) Article 1 Section 50(1) (n): Proposes that payment rates for DME for which Medicare has not established a payment amount shall be the lesser of the provider's charge, or the alternative payment methodology rate. As described in clauses (1) to (4), until an alternative method is established, CRT providers will be subject to cost +20% reimbursement. ○ We ask the committee to remove the above language and continue using the established MRSP based pricing currently in place.

○ Replacing MSRP based pricing with the acquisition cost-plus 20%, for manually priced items, will result in providers being reimbursed for services far below their total cost.

- Acquisition cost is variable among providers. These are confidential and bound by contract. The proposed “alternate payment methodology rate” based on provider’s cost is a flawed and will require ongoing analysis and administrative cost for MN DHS to maintain. Alternatively, most health plans including Medicaid programs only require cost-based pricing in limited cases, where an established MSRP is unavailable. We ask the Committee to consider a tiered approach and only include acquisition or cost-based pricing as a last resort.
- DME/CRT is not a commodity. Providers employ skilled technicians like Assistive Technology Professionals (ATPs), who work with the physician and therapist closely. In many cases, our staff travel to the rehab facility and evaluate the client with the therapist to determine the proper equipment configuration. Based on this, the equipment is ordered and in some cases specially fabricated. Finally, the delivery, fitting and training is coordinated and performed with the client/family, at their location. A significant amount of time and resources go into to each equipment set up, however, the CRT provider only receives reimbursement for the actual equipment. Reducing this reimbursement will prevent our ability to perform these critical services and ultimate cause significant delays and access issues.
- Lastly, acquisition, cost-based pricing is not an appropriate payment model for CRT. While this type of pricing is applied in other industries it is only supported by large, volume purchasing with minimum processes, service and customer interaction.

We strongly urge the House Health and Finance Committee to consider our feedback and remove the unnecessary and unsustainable cuts to DME/CRT. It is important we protect Minnesota’s most medically fragile children and adults who depend on this equipment. Please feel free to contact me if you have any questions. I can be reached on my cell phone at (336) 688-2783.
Sincerely,

Kimberly Cook

Kimberly Cook
Director of Medicaid Affairs
(336) 688-2783 | Kimberly.Cook@numotion.com

1. My name is Tom Jamison and I am the President and Owner of Lake Superior Medical Equipment, Inc. ("Lake Superior Medical"), a provider of durable medical equipment, prosthetics, orthotics and supplies ("DMEPOS"). I submit this written testimony to oppose the severe cuts to Medicaid reimbursement for medical equipment and supplies, which are included in the Governor's budget and now contained in Article 1 of HF 2128.

2. Lake Superior Medical has two locations, one in Duluth Minnesota and one in Cloquet Minnesota. We are one of two full-service DME companies located in Duluth and the only full-service DME located in Cloquet.

3. In any given month we provide medical equipment and supplies to hundreds of patients who participate in Minnesota's Medicaid programs. Our Medicaid service area currently extends as far north as Grand Portage Minnesota and as far south as Sandstone Minnesota. We are the only full-service DME to serve Medicaid patients in some rural areas in our region. If the Governor's proposed cuts become law, it would make it impossible for us to continue serving most Medicaid patients. The Governor's budget is dangerously flawed as it slashes funding for needed medical equipment and supplies in three ways:

(1) A proposal DHS made to the Blue Ribbon Commission (BRC) to match M.A. rates to Medicare rates for critical categories of DMEPOS (the "BRC Proposal");

(2) A proposal to cut reimbursement to 20% over a provider's acquisition cost for key items that are not covered by Medicare, including incontinence supplies; and

(3) A proposal to limit reimbursement for critical supplies used almost solely by disabled Minnesotans to 10% over acquisition costs.

4. Each of these proposals will be devastating for our business and our ability to serve many of Minnesotan's most vulnerable citizens. The BRC proposal—to match Medicare rates for items where Medicaid pays a different rate than Medicare, seems surgically designed to target disabled Minnesotans and reduce their access to needed medical equipment and supplies.

5. Minnesota already matches Medicare Rates for the items that CMS included in the 21st Century CURES Act. CMS specifically did not include most items for which it has established Medicare rates in the CURES Act, because it recognized that the Medicare and Medicaid programs serve distinct populations with very different needs. Medicare rates are designed with seniors in mind, not disabled children and adults. For the limited items for which M.A. pays more than Medicare rates, matching Medicare rates would jeopardize access to specialized equipment and supplies needed by some of the most vulnerable Minnesotans. For example, Medicare may have one rate for basic feeding tubes, but those rates do not come close to covering the cost of specialized feeding tubes that many disabled M.A. patients require. The same is true for enteral nutrition, because Medicare rates were never designed to cover the cost more expensive, specialized enteral formulas that are required by many disabled Minnesotans. That is why Minnesota's Medicaid program has a separate reimbursement list for enteral nutrition which includes higher reimbursement for the specialized formulas. If Minnesota were to adopt Medicare rates for enteral nutrition as the Governor proposes, we would have to immediately stop providing the specialized nutrition, which many of our Medicaid patients require.

6. The other two proposals, slashing reimbursement to 10% or 20% of a provider's acquisition cost for items that are not covered by Medicare will also target Minnesota's most vulnerable citizens and reduce or eliminate their access to life sustaining and medically prescribed equipment and supplies. DHS knows that 20% does not come close to covering a provider's cost to store, deliver and bill these supplies, much less cover general overhead and a

reasonable profit. DHS knows this because it tried this just a few years ago with an ill-conceived program for incontinence supplies, which limited reimbursement to 20% over acquisition cost. That program was enjoined by a Minnesota Court and repealed by the Minnesota Legislature before it was implemented, because it would have severely reduced access to incontinence products for M.A. patients.

7. A 20% mark-up over the cost of goods does not cover the costs associated with customer intake, insurance verification, speaking with patients, caretakers, and/or health care providers to ensure proper documentation is on file, ordering, receiving and delivering or shipping the product to the customer and billing and collecting reimbursement for the product.

8. For example, a case of adult diapers typically costs a supplier like Lake Superior Medical between $30 and $60 depending on brand, style and absorbency level. Because incontinence products are bulky, the cost of shipping them is disproportionately high in relation to the cost of a case of adult diapers. Accordingly, shipping costs alone can often run in excess of 20% of the cost of the product. For instance, FedEx charges about $25 to ship a medium-size case of adult diapers. Acquisition cost plus 20%, much less cost plus 10%, is obviously inadequate to cover shipping costs, let alone the administrative costs described above.

9. The same is true of other products that would now be cut by the Governor’s Proposal, especially for enteral nutrition products, which are very expensive to ship because of their weight and because they can’t be exposed to extreme temperatures.

10. If the Governor’s budget were to become law, Lake Superior Medical would stop providing products for which the cost plus 20% or cost plus 10% formula is imposed. This would have a devastating impact on our Medicaid patients and our business. Our Medicaid patients would have to find new suppliers for their products—a task that may be quite difficult because we believe that few, if any, suppliers will be willing to take on new patients under a cost plus 20% or cost plus 10% reimbursement scheme. The impact on our business if the Governor’s budget were to become law would be immediate and severe; we would have to lay off a significant number of our employees and possibly close one of our locations.

11. It is also unlikely that the cost plus 20% methodology would save the state any money in the long run. Cost plus contracts are notorious for running up the costs of programs because they disincentivize providers from negotiating lower prices from their suppliers, as providers receive higher reimbursement for products that cost more.

12. For these reasons I ask the Minnesota Legislature to reject the Governor’s proposal (now contained in HF 2128, Article 1), to slash Medicaid reimbursement for medical equipment and supplies and keep the current reimbursement rates in place.

Tom Jamison, President
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522 East 4th St.
Duluth, MN 55805-1936
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Email: tjamison@lsmedequip.com

From: LaBerge, Nicole <Nicole.LaBerge@hcmed.org>
Sent: Thursday, April 8, 2021 10:55 AM
To: Patrick McQuillan <Patrick.McQuillan@house.mn>
Subject: Immediate request: HF2128, Article 1, Sec. 50
Importance: High

Dear Mr. McQuillan,

I am writing in reference to HF2128, Article 1, Sec. 50 on changes to payment rates for durable medical equipment.

I am a Physical Therapist (PT) at Hennepin Healthcare/Hennepin County Medical Center. More than 75% of my work is directly with patients with disabilities, as I assist them with getting wheelchairs, standers, walkers, and wound care/supplies. I have been a licensed practicing physical therapist for 15+ years, 8+ of those have been here at Hennepin. My patients have ALS, MS, TBIs, cancer, as well as other diagnoses; they also have pressure wounds.

Complex rehab equipment is significantly different than the standard ‘lobby wheelchair’ most people think of when they picture a wheelchair. This equipment specifically meets their individual needs, preventing falls, assisting with healing wounds, and keeping them out of the hospital. In order to obtain this equipment, they go through a process of an evaluation by a skilled therapist like myself, they trial the equipment, then the request for reimbursement is completed.

Without this specialty equipment, they will not be able to feed themselves. They will be unable to get to the toilet. They will not be able to take a shower or bath. They will not be able to get dressed. They will be bedbound, and at risk for pressure injuries to their skin. They will be at higher risk for falls, and infections. They will not be able to get to their regular medical appointments with their doctors and providers. These medical and functional declines then places them at risk for needed Emergency Medical care either at the Emergency Department or at the hospital.

> I am aware of proposed cuts to payment rates for DME. I do not agree with them, as they may save money immediately but they will actually COST the State money in the future.
> For example: My patient needs a specialty cushion (something to sit on in their wheelchair). Because of the proposed cuts, they can no longer get that cushion (on average, it would cost possibly $400 for the requested cushion with the current, not reduced payment rates). Now that they are sitting in their wheelchair without a cushion, they get a pressure wound. That wound requires dressings/bandages and home health nurse to apply those bandages. That costs >$400 just within the first week of their care needs. *That wound will likely take 6-12 months to heal*. Please multiple that cost and understand how a cushion can SAVE money. This does not include if the patient’s wound gets infected, causes them to be brought in by the ambulance to the ED, and then hospitalized. All of those costs add up and are exponentially greater than $400.
>
> By denying someone access to the appropriate equipment, which is what is being proposed with the reduction in cuts to payment rates, the DME suppliers will not be able to supply the necessary items. Saving money for the state should NOT be at the expense of these high risk, patients with disabilities who rely on Complex Rehab Technology to participate in their daily lives.

Thank you for prompt attention to this matter, and I sincerely appreciate you taking the time to understand how important this matter is. PLEASE do not allow the recommended budget cuts to move forward. If you would have time to speak more directly, I'm also happy to discuss this matter more. Please let me know!

Thanks again,
Nicole

Nicole B. LaBerge, PT ATP
Senior Physical Therapist III
Assistive Technology Professional
Outpatient Neuro Rehab
P: 612.873.4377 | F: 612.904.4377
Nicole.laberge@hcmed.org
Hours: M-Th 7:30am – 4:00pm

HennepinHealthcare
Clinic & Specialty Center, 3rd Floor
715 South 8th Street
Minneapolis, MN 55404

From: Deb Bachman <debbachman90@yahoo.com>
Sent: Thursday, April 8, 2021 10:31 AM
To: Patrick McQuillan <Patrick.McQuillan@house.mn>
Subject: Public Testimony HF 2128

Dear Members of the House Health Finance and Policy Committee,

I am writing to you today regarding HF 2128, particularly the proposed decrease or elimination of reimbursement rates for necessary durable medical equipment. As a former employee of a medical supply company and later a registered nurse in homecare, I have professionally seen the importance and value of the service these companies bring to patient care. On a personal level, my family entered the medically complex world with the birth of our second child, Markus. It is one thing to work in the homecare industry, it is another to live it in your home. My son is now 21 and still needs the services provided by Pediatric Home Services (PHS). This company has provided top-notch care for my son that goes beyond just supplying equipment. PHS is a vital part of my son's healthcare team.

There are many vulnerable Minnesotans who are medically complex or fragile. My son needed a tracheostomy tube and supplies for eight years. Today, he continues to rely on enteral nutrition and related supplies for all his nutrition needs. Markus still uses an oxygen concentrator, BiPap machine, pulse oximeter, nebulizer pump, feeding pump, and sometimes IV pumps in the home. At times these pieces of equipment need repair and service, sometimes even in the middle of the night. NO ONE WANTS THESE ITEMS IN THEIR HOME. No one wants to be dependent upon a feeding tube, a trach, a wheelchair. Unfortunately, some people can not survive without them, and my son is in that category.

Product cost is not the only consideration for DME and medical supply reimbursements. There are on-going services that must accompany these supplies and equipment. Patients require education, trouble-shooting assistance of all kinds, back-ups for when equipment fails, and much more. DME companies must incorporate these and other crucial aspects in order to provide safe and reliable service to their patients. My son can not be without these necessary services provided by PHS.

Medically vulnerable Minnesotans have lived a COVID lifestyle long before the pandemic. COVID has brought about a heightened awareness that I hope will not soon be forgotten by those whose lives are much less restricted. For our family, infection control practices will continue as they always have for over 21 years. For families like ours, DME, CRT and medical supply providers are crucial to homecare and caring for our loved ones at home. Homecare is a vital option that works and needs protection. Please, please do all you can to protect homecare and medical supply companies.

When Markus was born, our family entered into a world that we did not even know existed (and I had previously worked for a DME company). Markus and I released a book detailing his medically complex life titled *Embracing reMARKable*. I would gladly deliver copies to help share the importance of protecting homecare and DME providers from a family that has lived this firsthand.

Please contact me if you have questions or if I can be of any assistance. Thank you for all you do as you serve the people of Minnesota.

Sincerely,

Deb Bachman
8100 Bryant Ave S
Bloomington, MN 55420
(651)231-5673
debbachman90@yahoo.com

54 Towhee Court, East Amherst, New York, 14051 | 716-839-9728 | www.ncart.us

Written Testimony Regarding Health and Human Services
Omnibus Bill DME Article 1 and Changes to Durable Medical Equipment Payments
Planned Changes Will Hurt Access for People with Disabilities
and Increase State Healthcare Costs

NCART is a national non-profit association that provides education and advocacy to ensure individuals with significant disabilities and chronic medical conditions have adequate access to Complex Rehab Technology (CRT) products and supporting services. CRT products, which are currently classified within the category of Durable Medical Equipment (DME), include medically necessary specialized medical equipment such as individually-configured manual and power wheelchairs, custom seating and positioning systems, and other adaptive equipment such as gait trainers and standing devices. Children and adults with significant disabilities such as cerebral palsy, ALS, spinal cord injury, multiple sclerosis, muscular dystrophy, and traumatic brain injury depend on CRT every day. In researching cost-saving measures and considering potential changes to Medicaid payments and policies, creating negative impacts to the state's most medically fragile beneficiaries must be avoided. Therefore, we appreciate the opportunity to provide the following comments and recommendations:

- **Reductions to reimbursement for CRT puts beneficiaries with complex medical needs at much higher risk and would likely result in increased spending for the state** - Adequate access to CRT plays a key role in allowing individuals with disabilities to remain in their home setting as well as keeping state health care costs down by reducing medical complications, clinical interventions, hospitalizations, institutionalizations, caregiver assistance, and additional in-home services. While it is understandable that the State is looking for opportunities to reduce spending it is probable that the recommended reductions to DME/CRT provider rates would result in unintended increased spending for the state. Without access to timely evaluations, deliveries, fitting, training, adjustments, and repairs, individuals depending on CRT are at especially high risk for needing additional medical treatment and hospitalization. For example, two major health risks are bed sores/pressure ulcers and respiratory complications. Failure to manage these risks and others will result in these individuals requiring hospitalization and, for those with respiratory issues, likely the need for ICU and ventilator utilization.

- **Medicare rates should not be applied to DME HCPCS codes beyond those required by the Cures Act** - Providing CRT comes with significant operating costs and low profit margins. In addition to the new COVID-19 expenses, suppliers must maintain the required credentialed staff, provide delivery and training, preserve supporting systems and facilities, ensure access to emergency service, and secure company accreditations. The CRT evaluation and delivery process are service-intensive and suppliers already do not receive any separate payment to help cover these costs. It should also be noted that Congress and Medicare have formally recognized the higher costs of providing CRT as well as negative repercussions of reducing reimbursement.

Accordingly, they have permanently excluded CRT from the Competitive Bidding Program in order to ensure access for beneficiaries. The majority of CRT HCPCS codes were also excluded from the Cures Act and it is our position that only those codes that were included should be impacted. Minnesota is already paying Medicare rates for the majority of the CURES codes and no substantial savings are anticipated as a result of expanding Medicare rates beyond what Congress intended.

- **Minnesota DHS should continue to use MSRP-based reimbursement for manually priced CRT items** - Changing to a cost-based methodology as proposed in this legislative language will result in unequal payment rates to different suppliers for the same products, increased administrative costs and time for both the state and suppliers due to the nature of these proposals, and significantly compromised access to CRT for the beneficiaries who rely on it for their health, safety, and independence. This includes limiting beneficiary choice and clinically-based recommendations for appropriate, medically necessary equipment. By retaining the MSRP-based reimbursement that is currently being utilized, the Minnesota Medicaid program would safeguard uninterrupted access for beneficiaries by providing equal payment rates to all suppliers and allowing both smaller rural suppliers and larger national suppliers to offer a similar inventory for individuals utilizing CRT and the clinicians who are working with them. It should also be noted that there are a limited number of companies that currently provide CRT and that number is decreasing. If further reductions are applied to CRT payment rates, those remaining suppliers will be forced to decide which critical products, services, and geographic areas to discontinue and in some cases, whether they can remain in business at all.

We strongly urge the Minnesota Health Finance and Policy Committee and the Minnesota Legislature to adopt the above recommendations to avoid DME or CRT budget and policy actions that will increase state healthcare costs and negatively impact critical access for the children and adults who depend on this important equipment.

We have a sincere desire to collaborate with the state to produce positive outcomes for both the Medicaid program and enrolled beneficiaries with complex medical needs. We are happy to provide additional information and would be available to discuss our comments further. Thank you again for the opportunity to present these concerns.

Sincerely,
Donald E. Clayback
Executive Director
716-839-9728
dclayback@ncart.us |www.ncart.us

My name is Christine Langteau

I am a mother of a special need child who is now an adult receiving services and supplies. I am also a Respiratory Therapist with 23 years of critical care experience.

I am willing and want to speak about the BRC Strategy: Durable Medical Equipment (DME) Rate Methodology.

My son Patrick was the first trach and vent dependent child to go home in the state of Minnesota in 1985. The CAC Waiver was designed around our desire to go home with our child instead of visiting him while he was forced to live in a hospital. The drive behind the CAC was not only better for the quality of life of the patient but it was far more fiscally responsible than living in an Intensive Care Unit. He was on the front page of the Minneapolis and St Paul paper. Medical Miracle to go home with praise to Ramsey County.

Cutting costs to be fiscally responsible should be a goal. Those changes in coverage often come with a hidden expense. When changes in covered items force people/ beneficiaries to switch from home care to long term care the expense is usually greater. It changes the pockets that the funding comes from but not at a savings. It certainly is not a benefit to the client. The CAC Waiver was proof that it is not fiscally responsible to live in a long-term care facility or an Intensive Care Unit.

My hope throughout the years have been that when facing a budget cut the items up for discussion should be closely looked at not just by policy makers but doctors, therapist, nurses, and the patients or their advocates. Realizing how the items of discussion impact peoples lives and well being and what happens if the items are not provided how will their lives change.

DME AND MEDICAL SUPPLIES PROPOSED BUDGET CUTS
The proposed cuts impact some of the following categories of durable medical equipment and medical supplies:
•
Enteral nutrition and related supplies
• Enteral feedings are not a choice to patients. Nutrition should be a fundamental right. My son cannot say,” skip the tube feeding, I’ll eat a cheeseburger.” People do not willingly decide to need these products and services. My son is physically unable to swallow anything, without tube feedings he would starve to death.
Customized and other specialized tracheostomy tubes and supplies
• My son has a specialized trach. Several years past we had difficulty getting them covered. I decided that being I am Respiratory Therapist I would get to the bottom of the issue and find a solution, perhaps a non-customized trach. First we saw an ENT doctor who did not have another optional trach to try that would fit. Then a second opinion was sought. While trying to navigate the dilemma the pilot balloon fell off (part of the trach) making it non-functional. Another ENT was seen. The solution required we change the trach with our very last emergency trach. Due to the fact we were forced to wait for a

change beyond the recommended time frame for changing a trach the trach became stuck. The doctor was unable to remove it in his office. My son now required removal in an operating room. How much money was saved? NONE! The final bill included three Doctor visits and a surgical procedure. This does not address the trauma that was caused to my son the patient.

A customized trach is a necessity based on the patients' body anatomy, it is not a request of convenience or request of a luxury style trach. It is not as though some one is tired of the Ford and is requesting an Escalade. A customized trach is medically necessary due to their body, not a choice.

Without a customized trach my son would not breath, he would die.

Electric patient lifts

- Electric lifts are a primary benefit to the patients, providing a safe transfer causing them no harm. A secondary benefit is to the staff allowing them to safely maneuver the patient. The safety of the patient comes first. Staff safety comes second. Keeping the client from suffering an injury is the top Priority. Preventing a workplace injury for the staff is a bonus. No injuries to clients and staff that is safe and able to take care of their clients fiscally responsible. A fall from a lift that staff can not operate safely can cause injuries to death to a vulnerable client.

Items that are miscellaneous coded because they do not fit under a billing code – such as complex rehabilitation technology (CRT) components for complex wheelchair bases.

- My son also has a customized wheelchair. This is not a choice upgrade. Wheelchairs with modifications are based on client needs, not wants. They are based on their body, abilities, lack of abilities, and safety just to name a few reasons. I could list several more reasons. My son was not able to work due to his wheelchair being so long due to medical equipment it held. The modification made his chair more compact, and he was able to fit into a workplace environment and obtained a job. That improvement gave him purpose, a sense of wellbeing, a contributing part of society.

Items that Medicare does not cover, such as incontinence supplies, bathroom aides like grab bars, etc.

- Items like grab bars are not a convenience they are necessities. They are designed for safety. Patient safety should be first and foremost. Grab bars and modifications, bedside commodes, etc. are far less expensive than a fall. A fall in a bathroom could result in an injury ranging from a broken bone to a head injury. Add the cost of ambulance ride, surgery, and hospitalization. How much money was really saved? How safe was the patient kept?

Durable medical equipment repair and service

Lack of repair and servicing is a huge issue. I just had this experience with my son last week. I called for a repair that was declined, service covered. Ive been making calls to repair company, trying to find the part myself to try to make the repair myself. The rep at the company said to get a doctors' order and replace the item. Spending $1,500.00 to $1,800.00 or more instead of spending $150.00 to repair makes absolutely NO sense.

I am more than willing to share my information and experiences. I am for being fiscally responsible. I do feel that more thought needs to be put into the efforts to create budget cuts. Providing what is needed, preventing waste, preventing fraud. Our household puts full effort in to saving items, washing things that are reusable, repairing equipment instead of replacing it unless absolutely needed. Medically necessary customized items, are not luxury items of choice. We are ever so grateful for what we get.

Thank You!
Christine Langteau
Patrick Ferrick son
651-492-9396

From: Jill Voerste <jill.voerste@yahoo.com>
Sent: Wednesday, April 7, 2021 7:50 PM
To: Patrick McQuillan <Patrick.McQuillan@house.mn>
Subject: DME AND MEDICAL SUPPLIES PROPOSED BUDGET CUTS

Hello!

My name is Jill and I have two kids who receive DME and medical supplies. I have so much fear when reading the proposed cuts. My son Deacon James is 5 years old and very medically complex. Until now we have been so grateful to live in Minnesota, a state we feel sees the importance and value of all of it's citizens.
Deacon James has a rare genetic condition called 22q11.2 duplication. He has a gj tube that feeds him 24 hours a day. He is not able to eat enough orally to keep him alive. He is on oxygen 24 hours a day to be able to breathe and play. He requires suctioning to keep his nasal passages clear to breathe. He has so much equipment and treatments we use each day to keep him stable. While all of this sounds like so much and one could barely imagine that his life is fulfilling let me tell you it is. He is smart. He has a great imagination and would play with his toys all day. He loves to play outside, spraying people with the hose is a favorite thing of his to do. He loves animals and books. He can "read" every work to Goodnight Minnesota. He has the best smile and an infectious laugh. Everyone who meets him is instantly in love. He is full of spunk and can make you see joy in every situation.
Having a child with medical complexities is expensive. We have sacrificed so much to pay for his care and supplies, we have filed bankruptcy twice and are barely making ends meet. I am a RN and work with my son. He is on Teffra and receives state insurance, he is also on a CAC waiver. We still pay out hundreds each month on supplies that are not covered. We do not have money to spare. He is dependent on a gjtube to get his nutrition and each bag is 27$ retail. I know our DME provider can buy this in bulk at a much lower cost. Cuts would make us face having to make choices of what to sell, where also we could cut our already very tight budget and how to make it so our son would have the food he needs to live. As you can imagine keeping him alive is our highest priority. We need him to be able to receive the supplies he needs in order to do this.
We already buy supplies from parents in other states for items that Minnesota doesn't cover enough of. Our life is hard, we find joy and would never trade it for anything. But we would really appreciate it if you did not make cuts that affect the disabled. They sacrifice enough.

Thank you
Jill Voerste

From: Tami Zilka <tami.zilka@ncmedicalsupply.com>
Sent: Wednesday, April 7, 2021 4:54:51 PM
To: Patrick McQuillan <Patrick.McQuillan@house.mn>
Subject: RE: Testifying Today on DE to HF2128 in Health Finance and Policy Committee

Patrick,

My boss and I tried to get into this zoom meeting for 45 minutes, but were not successful. I will be attaching my written testimony for this article.

My name is Tami and I am submitting written testimony on cuts to MA regarding DME supplies. Let's start with people who need feeing supplies. How often do you pick up groceries on your way home from work and plan to make a meal with your family? You get your groceries, go home and plan out what meal you want to sit down and enjoy after a hard day's work. Now, let us speak for the children and adults who are not able to eat their food like you or I. Do you not allow them to eat at your table because they require feeding supplies to be through a tube, or feeding pump? If they are getting enteral feeding supplies to remain in their home and with family there is a good chance that taking away their food, and their ability to eat like you or I do will have a negative impact on their daily living. What makes you think that because you can pick up that fork and spoon and plan out your meals that you are better than someone who needs a little more assistance to meet their nutritional daily needs? Without proper nutritional intake you will eventually go into starvation and eventually die. You may think this isn't that big of a deal, but to those families loved ones this is a fear they have daily. Is this something you could in good faith have on your conscious, that because you think they are too expensive it is cheaper to kill them off?

Many families want to help their loved one be the best version of themselves they can be. Some of these loved ones will need 24/7 care for their lifetime. The quality of care these family members receive at home is the best care they will ever receive. Moving them into a facility, away from their loved ones with staff who don't know how to communicate with them, don't have a clue about their likes or dislikes, will cost more to provide crappy care then leave them at home where they will get exceptional care. These families want to be able to take care of their loved ones, it doesn't matter if they are a child or an adult. They want to be able to give them the best life they can for as long as they are able to stay here on earth. I am sure many of you have family you enjoy seeing on a regular basis. You have gatherings, celebrate birthdays, holidays and enjoy each the company of each other. Guess what? So do people with different abilities!! People with needs are allowed to have the same freedom as those without, their lives are not worth less because they need additional supports to help them with their daily living skills. So your grandmother needs to have a shower chair to be able to take a bath in her home, you would provide that shower chair without hesitation. Why can't people who have different abilities also have the same shower chair to make caring for them just as easy?

Did you walk into work today? How about the people who are unable to walk on their own two feet? Do we cut what insurance will pay for them to have the equipment that will allow them to be able to move about their home because it is too expensive? Or not allow them to have repairs made to equipment? No, this is just ridiculous. If your car breaks you will fix it. Sometimes these people will spend many hours in their wheel chair, they have jobs, go to school and play sports, have friends and live normal lives like you or I. So you want to take away this basic right to be able to move in their environment. How many of you had to work from home due to COViD? You were not able to see your loved ones, had to spend times in your homes and were not able to do some of the things that brought you joy. Now this was a short term thing, and you have probably resumed going about your life at some point. If you take away funding for mobility devices you are not only messing with the mental health of these individuals, but telling them that they do NOT matter. What gives you the right to play GOD and determine that someone's quality of life is not the same as yours?

Have stopped to consider what these cuts would mean to families? Are you aware that if you make these cuts, and force everyone into a facility that it would cost billions more to provide subpar care for these clients? You can't even say it would be good care, most of you have heard a horror story or 2 of someone who has had a bad experience. What if this was your parent, sibling, our your own child? I bet you would be very angry if you were told that your loved one isn't worth the expense. There should be no one who thinks their life is more valuable then another human being.

It is my sincere hope, that you actually take a moment and try and imagine that this could actually be your life. What would you do? Would you be able to live with the decision of making these cuts that could drastically change someone's life? Would you be able to live with the fact that you may be responsible for someone's death by taking away they eat?

Tami Zilka
Proud parent of a special needs child

From: Mayer, Lisa <lisa.mayer@monticello.k12.mn.us> **Sent:** Monday, April 5, 2021 9:22 PM **Subject:** public testimony HF2128

Please consider this a written testimony about the BRC Strategy: Durable Medical Equipment (DME) Rate Methodology.

My son, Nathan Mayer, a thriving 23-year old University of MN college graduate with a product design degree and already a productive, contributing member of society with a full-time job, has a significant genetic physical disability (spinal muscular atrophy type II) that requires a significant amount of medical equipment in order to be thriving and living a quality, productive life. His main medical equipment includes a power wheelchair, respiratory equipment (a bipap, a CoughAssit, an oximeter, a nebulizer, a Suction machine all of which have many supplies needed to function properly), feeding equipment (feeding tube, feeding pump, syringes, specialized formula), a hoyer lift, a commode/shower chair, ankle/foot orthotics. Any type of Medical Assistance budget cut to any of this equipment/supplies will cause significant hardship to Nathan's well being and therefore quality of life. Nathan is a "glass-half full" type of person and will always look for the positive in a situation, but the reality is that he thrives not only because of that take on life, but also because of medical equipment/supplies, home health care and technology. He already has an uphill battle to climb just being a person with a disability. Even getting his job, that he is so proud to have and excited to me making money, only to find out about so many of the rules that govern exactly how much money he can make/assets he can have in his name just because he has a physical disability and he needs the programs that allow him to have people help care for him and the equipment that he needs. Please don't take/cut the programs that help pay for the supplies he needs to live a quality life! This will be a travesty to so many Minnesotans and a huge step backwards in equity for people with disabilities.

Feel free to call to discuss this further if needed. 612-242-7488

Sincerely,
Lisa Mayer

Dear House Health Finance and Policy Committee,

My name is Nathan Mayer. I am 23 years old and am a recent graduate of the University of Minnesota with a Bachelor of Science Degree in Product Design, I am currently a User Experience Designer at Best Buy Corporate, and I also currently represent the United States in the sport of soccer. By those credentials, and by society standards/expectations, this next sentence may be unexpected, but I also have a physical disability, Spinal Muscular Atrophy, that requires me to use a complex power wheelchair to get around, to be a contributor to society, and to live life like everyone else.

I am writing in response to the DME and medical supplies proposed budget cuts. I first want to express how disappointed I am that this is even a consideration. From day one, I have been getting told no, or told that I would not be a contributing member of society only because I have a disability. At the age of eight months, which was the age at which I was diagnosed, my parents and I were told that I wouldn't live past the age of two. After I surpassed that doubt, I was told, going into elementary school, that I shouldn't be in a mainstream classroom because I used a wheelchair, needed a couple assistive technology devices to help me thrive in the classroom, and needed to have a formula mixture put into my feeding tube once a day at school to keep me nourished and hydrated, even though, intellectually, everything is fine. While going through school, I vividly remember being constantly told that I couldn't be in advanced classes. I am a very competitive person, so those challenges of being told that I couldn't, or I shouldn't, or I wouldn't, was the driving force in why I set out to prove those assumptions wrong.

Everyone, disability or not, desires to be independent in the things that they do. With having a disability, that may require a little more assistance than normal, but at the end of the day, that desire for independence is still the same. Everything that I just stated above would not have been possible without the help of medical equipment and assistive technology. As mentioned, I use a power wheelchair that has allowed me to be a normal kid outside with friends and family, has allowed me to get from one class to another on the great University of Minnesota Twin Cities campus, and hopefully, once the pandemic settles and life begins to really return to normal, will allow me to get to different meetings with co-workers at Best Buy. Eating is not impossible, but it's difficult to a point where I need assistance with nutrition/hydration from a special formula that is mixed with a variety of specific supplements. I have needed many miscellaneous pieces of assistive technology devices including modules to help me run my phone independently, or a robotic arm to help me grab, and access, different things independently to name a couple of things.

That was to give you context in why I am writing to you on this matter. I am a contributing member to society even with my disability and no expectations to do so. As you have read, or heard, that has not been easy; going through life has not been easy because of my disability, for me or my family, but the medical equipment and assistive technology has allowed me to go through life a little easier and not have me think about how hard life could be without this equipment. Who wants to go through life constantly experiencing how hard things are on a physical level, meaning not being able to get out of bed and move around, when there is equipment out there to help with that? My family didn't/doesn't have that kind of money to afford the type of equipment, and without the type of programs/funding that you're trying to cut, I wouldn't be a college grad and have a job that will have me paying taxes. Financial opportunities/smart strategies for people with disabilities is for another conversation, but I took a couple of business classes in college, so I understand the want to save funding, but this matter is about people's lives, not just my own, and how you're going to make it very difficult for families and individuals to thrive in spite of their circumstance.

I close with this; I kept trying to figure out why I was treated the way I was in school regarding being told I couldn't, and I think I figured it out. It was the easy answer; it was easy to tell me no and not think outside the box, and that's many things with disabilities in the eyes of the public; it's easy to think that people with disabilities don't need or want things like everybody else. I don't do easy, I embrace a challenge and move forward regardless of my disability, and I ask you to do the same. People with disabilities can contribute to society and be like everyone else; we just may need some equipment to help us. Please, don't make life harder for us than it already is regarding getting this equipment.

Thank you for your time.

Sincerely,
Nathan Mayer
763-218-8103
nathan.mayer298@gmail.com