ALEXANDRA BENNEWITH: This webinar is part of a series, a public policy webinar series that we're doing throughout this year. As Joe mentioned, I'm director of government relations here at United Spinal. I came on board at the end of November last year, and I'm happy to be working for United Spinal Association. So as Joe mentioned, this is about Medicare restrictions to services and equipment, and what you can do about improving the types of services you get from Medicare, and the types of equipment you get. So let's get right started onto the next slide here.

Right off, I wanted to thank our sponsors – Allergan at Platinum, and our Gold level sponsors, Medtronic and Permobil. Thanks again. And just a little bit of housekeeping before we get right into the meat of the topic. You will see a panel – it should be on the right side of your screen, where you have an option to type in questions in a box right there. So I will be addressing questions at the end of the presentation. I'm happy to do that at the end. Obviously, if there are any that I don't get to during the session, I'll be happy to follow up afterward. And there's my email address and my phone number. And I'll share that again at the end of the session as well, so you'll be able to catch that again.

Okay. So let's start off. Who is United Spinal Association? Well, first, United Spinal represents –

as many of you know since many of you are members – represents 35,000 members. We represent over a million people with spinal cord injury and disorders across the country. We have 62 chapters and support groups across the country, and we represent folks across the lifespan living with SCI/D's such as multiple sclerosis, ALS, and spina bifida. NSCIA, as you see there, is our membership division, and Roll on Capitol Hill, that's the legislative and advocacy conference that's going to occur at the end of June. It's our first ever legislative event up here in D.C., which we're very excited about. Members are welcome to come and learn more about some of the issues that we're advocating on. I'm happy to tell you more as we move through these slides. First, as you see, we also represent veterans with disabilities, and we have various other programs.

Okay, so, I mentioned at the beginning that this is part of a public policy webinar series. Well, what's public policy? Well, just to be clear, public policy is simply government addressing different issues by laws and regulation. And obviously we're concerned about all the issues related to health and social welfare, civil rights, employment, and education of people with disabilities. Well, what does United Spinal do about it? How do we influence policy? And by relation, how can you influence policy? And that's what I'm going to talk to you about in these slides.

We do influence policy by having meetings, having conference calls with administration officials and federal agency officials. So with HHS, which is the Department of Health and Human Services, and other agencies like that, we're often on the Hill meeting with members of Congress and staff members. There are a lot of hearings going on, and testimony that we submit. Testimony basically is written comments that you send in to Congress on a specific issue, opposing or supporting a specific point. Briefings and reports and position statements – so all that's basically the same word for different reports on different issues.

We work together with a lot of other coalitions. I list a couple there. CCD is the Consortium for Citizens with Disabilities, and NDLA is the National Disability Leadership Alliance. And we work together on all kinds of different issues from Medicaid and Medicare and prescription drug coverage issues. Okay, so that's basically what public policy is. A recent briefing that United Spinal sponsored was last June on habilitation and rehabilitation. And Congressman Jim Langevin, , Co-chair of the Bipartisan Disabilities Caucus actually spoke at that event. It was very exciting. Okay, let me go on to the next slide here.

So our discussion today – what's going on in D.C.? I'm in D.C., and many of you may be. And many

of you may be calling in from out of state. So you don't often hear a lot of the details of what's going on here. So it's really part of what I'll be telling you in the next couple of slides. The subject of this PowerPoint is Medicare, and there are several provisions, programs and different issues within Medicare that address your access to medical equipment and your service, your rehab payments. And prescription drugs is not medical equipment, but it's also another issue that we'll be addressing. So complex rehab technology, prescription drugs, and outpatient rehab payments are the focus of the messages that we will take to go on Capitol Hill at the end of June. And then I'll obviously tell you how you can get involved, how you can make a difference. And you can.

Okay, so my first slide – well, if you haven't listened to the news or you haven't read a newspaper lately, you wouldn't know that this year is a presidential election year. And November 2nd is a few months away. There are also many congressional elections. So just a lot of things are in flux. And things will become even more partisan the closer we get to November. And so it gets very difficult to have a rational debate on issues – and specifically Medicare, which is what I'm talking about here. It's a constant issue that's addressed in budget battles, and there are several proposals out there looking at how to cut costs for Medicare and affect – negatively impact – people with

disabilities. I will go to a couple of those in the following slides.

As many of you know, the Affordable Care Act was challenged before the Supreme Court earlier this week. The chief points that are part of the Affordable Care Act that we have been monitoring closely, and continue to work on, the individual mandate, which is a requirement for individuals to have health insurance before the Supreme Court this week.

Essential health benefits is also a requirement of the Affordable Care Act, in Section 1302-B. And what it requires is a package of ten different categories from rehabilitative and habilitative services to pediatric care to wellness care – different categories like that which are mandated by the state to cover insurance coverage for folks on that. It's another issue that we are covering, and we've signed on to various letters in support of greater specificity about what benefits are covered, especially in the habilitative and rehabilitative area.

And then there's Medicaid expansion. I'm not going to touch on that, but just to let you know that yes, that's part of the Affordable Care Act, and with the expansion of Medicaid it will add 30 or so million – 33 million additional people that weren't originally covered. And that's being discussed in

Congress, and in the Supreme Court. And so a lot of these things are up in the air at the moment.

Several provisions expire at the end of 2012, like the Rehab Therapy Payment cap, which I will explain later. There's a physician payment cut extension. This is basically a payment which has been continually extended, or a fix that's been continually extended. There's an old formula that they use for payment cuts. And there was going to be a close to 30 percent cut in the payments to physicians late last year and again in February of this year. But both times that cut was extended with something called the doc fix. And so that is a concern for people with disabilities – if physicians are not getting paid appropriately, it does have an effect on consumers.

There's also a payroll tax that was included in all of these extensions in February that got extended to the end of the year. What's coming up in 2013? Well, some of those things I highlighted; there's also the general flow of Congressional business with the passing of appropriations bills – that's bills that cover the management of all different departments in the Federal government. So on top of all those things they have the appropriations bills. And then beginning in January 2013 there's a Medical Device Tax that will go into effect that's a 2.3 percent sales tax on medical devices with some exclusions – eye glasses, contact lenses. But United

Spinal has signed on to various letters with groups like CCD that I mentioned earlier, because we feel that if there is an increased tax on manufacturers, that's going to have an effect on the price and access to the devices to consumers.

I'll just briefly talk about the Budget Control Act and the debt ceiling increase. Well, if you guys remember from August of last year, there was a lot of negotiation about how much spending the federal government should – what the budget should be for the federal government, how high should the debt ceiling go, back and forth, back and forth between Republicans and Democrats, and finally they had that joint super committee. And unfortunately they couldn't come to any recommendations, so automatic cuts went into effect which were mostly provider payment cuts, a Medicare provider payment cut. Luckily Social Security, Medicaid, and the Children's Health Insurance Program were exempt. But anyway, basically what I'm trying to tell you is, it very often comes down to money and how much things cost. And the issue of why you need to be engaged is so that they can hear your needs, the importance of coverage of things from Medicare, for you. And they shouldn't cut you, bottom line. But they don't know that if you're not engaged with Congress and with your state or federal government.

Okay, so let's go on to Medicare, which is obviously the theme of this discussion here. Well, why do we care? Well, Medicare is the primary source of health care coverage for older Americans. As you can see, it covers 49 million people including 8 million individuals with disabilities under the age of 65. And as you can see there, the percentage of total Federal spending in 2011 was at 15 percent. That's a significant number, a significant percent of overall spending. And then of course Medicare plays a vital role in providing financial security to seniors and individuals with disabilities. And just to let you know why it's such a big concern, I was reading a Medicare trustees' report earlier that was based on data from 2010. And the trustees suggest that Medicare will be depleted by 2029, [2011 data states funds will be depleted by 2024] so we obviously need to be in continuous dialogue with the members of Congress about the need for appropriate coverage for individuals with disabilities. And just to show you a graphic – actually I'll show you a graphic a little later. But these are some of the other proposals that are out there that I mentioned regarding Medicare coverage – Dominici-Rivlin. Now the former Senator Dominici was the Republican from New Mexico, and former OMB Director Alice Rivlin – this came out in December 2011. And if you notice, there's a statement that says "Equivalent to traditional Medicare value," which means it may not be the same coverage Medicare benefits, but it

will be equivalent in value. So it's not exactly the same. But these will be covered in an exchange with other private plans, and there will be some adjustments for health status and income, and CMS will be required to prohibit plans from being able to **"cherry-pick"** healthier beneficiaries. I just wanted to put that out there, because these are the things that are being discussed. And this is just one of several that are out there.

Many of you have heard of Congressman Ryan. He's the Health Budget Committee Chair. And you know, he's revised this proposal a couple of times. But this came out in April, the first version of it. As you can see as you go through it, this voucher is not fixed at value of traditional Medicare. And this will be effective beginning 2022. So that's more restrictive than the earlier proposal that I showed you. The third bullet is very important – no interruption for coverage for people qualifying for Medicare based on disability, and then some changes regarding adjustments to health status, etc. I just wanted to show you those, because that's what's being discussed. And that's why you need to be involved in the discussion. What I wanted to show you before was this graphic – when I was talking about the Medicare Trustees' Fund, look at the percentage. By 2050 it's going to be almost half of total Federal spending of GDP. So that's a significant chart right there. And just to show you that the number is eight million who are disabled,

people with disabilities under the age of 65. And that's the 17 percent right there. And if they're in long-term care, that's four percent, and that's approximately two million people. You see that there are 45 percent of people with more than one chronic condition – just to give you an idea of the characteristics of the Medicare population.

So here we go again, another chart – just to give you an idea – Medicare Advantage is a private plan for higher income individuals. Twenty-three percent is the total payment, benefit payment. We are concerned with Part B mostly, the lighter blue in color on Medicare. Part B is prescription drug coverage, and I'll talk a little about that in a couple of the slides later on. Okay, let me go to the next slide.

Again, look at this. The line for DME – Durable Medical Equipment – is that little orange line right at the bottom. That's 1.4 percent of total Medicare spending. You remember the number I showed you before which was 500 billion – that's the blue line right there, of total Medicare payments. DME spending is such a small piece of total Medicare spending, but it's such an important part in the lives of individuals with disabilities.

Okay, so within Medicare, this is the first issue that I'm going to address: Complex Rehab Technology. What is Complex Rehab

Technology? Well, as you can see there, its products and services that are individually configured that are medically necessary. And they're wheelchair systems, they're adaptive seating systems, alternative positioning systems. And they require evaluation, fitting, design, adjustment, and programming. These are for people with unique medical and functional needs, individuals with primary diagnoses such as spina bifida, multiple sclerosis, ALS, that are neuromuscular or congenital or because of an injury or trauma. This type of technology is customizable for the individual.
Next slide – more about Complex Rehab Technology. Well, let me explain a little bit more. Complex Rehab Technology is significantly different from standard DME, simply because of what I just told you about the population that it serves, with more significant disabilities. This population requires more highly specialized services – like a physical evaluation – and involves credentialed specialists – so rehab professionals need to be in a team approach – not just physicians, but working with these rehab specialists for each individual to make sure they have the right equipment. And then the other issue is about having more stringent quality standards for people for Complex Rehab Technology. Some of those issues are, that CRT Company – Complex Regional Technology Company – must be required to sell and be able to repair all the equipment that they sell. And they must have Rehab Technology

professionals on staff. That's another requirement of the quality standards for this technology. Right now that doesn't exist. This is why it's important for you to get involved. Right now Medicare doesn't have a unique coverage process for the more complex needs of individuals. They don't have folks looking at functional. They only have folks looking at certain conditions, not the functional positioning and customized availabilities for folks. So we need this. We need a separate benefit for Complex Rehab Technology. So the message is, you must ask your representative to co-sponsor legislation that would create a separate a separate benefit category for Complex Rehab Technology.

Let me just give you a little bit of background – United Spinal Association and other providers and Rehab Technology Group work together in a committee, and they've worked together for a couple of years now in creating this benefit. And there's a lot of input, a lot of discussion. It would actually eliminate the in-the-home requirement for Complex Rehab Technology. In-the-home is such an antiquated provision, it really needs to be eliminated. And we've been working for a couple of years. We have legislation; we have a sponsor, Congressman Crowley out of New York. We are working hard to have final tweaks done to that legislation, and it should be released any day now. And so as soon as we get that, I'll be sure to send

out an alert to you so you can share that with your Congressmen and Congresswomen about the importance of this legislation.

Okay, the second issue is – actually it's a good story, a successful story – this demonstration program is a power mobility device demonstration program. And it's a new program that was scheduled to be put into effect in January of this year. Luckily we were able to delay it till June of this year. And I can give you some background there. But basically the program is about implementing a trial demonstration process for certain power mobility devices – and I'll show you which devices those are – in these seven states. And you know, the likelihood is that it will be extended nationwide – that's what happens with demonstration programs that CMS puts into place. So for now it's only in some areas. A trial demonstration process is where it's pre-approved to provide equipment and services to beneficiaries. But the concern we had earlier was that when they initially came out – CMS initially announced this program in November of last year – it had a pre-payment requirement piece included in the program, which doesn't help suppliers, and it doesn't help beneficiaries either. It means that any supplier can be audited at any time, to look through their paperwork. It's a very time-consuming paperwork burdening effort in trying to appeal if you're under a pre-payment review. And of course claims are

audited, so claims for equipment that beneficiaries need, if it's audited, it's possible that the equipment can be taken away from the beneficiary purely on a technical glitch, perhaps if a box wasn't checked.

You know, the majority of the claims that are appealed do get overturned because they were incorrect – because there was nothing wrong with the claims, and there was a true medical necessity, a need. So back in December United Spinal and other groups were active in writing letters to members of Congress. We wrote a letter to Ms. Tavenner, Marilyn Tavenner, the CMS Administrator. We got a meeting with her in January, and we spoke about the negative impact it could have on consumers. And luckily at the end of the year they pulled that piece from the demonstration. So there's no pre-payment requirement – it's only a prior authorization process. Prior authorization already exists across the country in 49 of the 50 states. It's a good process, and we're included in the development of it. That's a good thing. It just means that suppliers are pre-approved to be able to provide the right equipment and so forth to the beneficiary.

So I wanted to tell you which codes are going to be impacted in this demonstration in those seven states, and here they are. It's important to note that the Group 3 Complex Rehab with power options – that's K0856 to K0864 – they are excluded from

this. That's a good thing, based on what I talked about, Complex Rehab Technology, earlier. There are enough issues that need to be addressed with Complex Rehab before we add any more restrictions on it. Well, anyway, if you look at the picture there, that is a picture of a KO848 chair. So that's a Complex Rehab chair without power options, but you can add a lot of other features to make it a Group 3 with power options, just to let you know.

Okay, on to the next slide. So what's your role in this? How can you make a difference? Well, as I told you the story about us working with CMS, working with other stakeholders, and making sure they know the impact on beneficiaries – you need to contact us if you're affected negatively by this. And you can email me, Alex, at my email address there, and you can contact CMS yourself. You can call 1-800-MEDICARE, or go to the Medicare.gov website and tell them directly what issues you are facing.

The next issue under the DME heading is competitive acquisition, also known as competitive bidding. What that is, is the program where suppliers must submit bids to CMS to be able to provide services to consumers. And CMS decides who they're going to award contracts to. Our concern from the consumer perspective is that this limits the number of providers that are available for

beneficiaries. It can have an impact of restricting access to care, simply because there are fewer suppliers out there. That's one of the things that we addressed with Administrator Tavenner earlier this year. And we'd love to know from our membership how many people are experiencing issues with this program.

The first round – just to give you a little explanation about it – started back in July 2008. But it was only around for a couple of weeks. There was so much opposition to it from provider groups, to do away with the program. So, it dropped off after a couple of weeks, and then it started again earlier in 2011, Round 1, Version 2. And it opened a round one re-bid. It started out in ten cities, re-bid in 9 cities. The program will expand to 91 additional cities, so that's a hundred total, beginning July 2013. And again, we want to know if you're not able to get the provider that you usually get because it didn't win a contract – if you live in one of those areas, a competitive bidding area. And we want to know if you're getting the right service, or the same quality of care that you're used to. So this is what we want to know. It's important.

So as I mentioned, there were a few cities or areas that were affected in Round 1 – Ohio, Charlotte, Dallas, Kansas, Miami, Atlanta, Pittsburgh, and Riverside, California. Okay, so Round 2 – I'm sorry, I'll show you the product categories that are

included here for Round 1. And we're focused on Complex Rehab power wheelchairs and related accessories, and standard power. Those are the two, obviously, that we are most concerned about.

Okay, on to the next, Round 2. And don't hold your breath with it. There are a lot of cities included in this round, starting next year, 2013. Okay, that's in the west and the Midwest. You know, if you don't see your city up there, or if you have questions about this, just let me know. I can always follow up with you if you have a question. But I just wanted to give you a sense of how many areas are being impacted by this program. And so I wanted to make sure you were aware of it, because if you're not getting the equipment that you need, then that's a concern. Okay, so Round 2 – they made some changes based on all the input they were getting from some consumers and some providers, and they no longer have complex rehab included in Round 2, which is a good thing. We signed onto various letters – I think I mentioned CCD. And ITEM is another coalition that focuses on medical devices and equipment. So we were able to get that pulled out with our advocacy. So standard power is still included – which means that if you're in an area where this in effect, you have a limited number of suppliers that you can use to get that equipment and to get that service.

Okay, so there is a potential consumer impact to this program, as you can see – difficulty finding equipment, which is what I mentioned. You may have a delay simply because there are fewer folks out there that have the product that you need, or longer hospital stays, perhaps, or fewer choices. And in the beginning there was a lot of confusing and inaccurate information provided by Medicare. They had suppliers on their website that weren't contractors. They had folks listed that didn't provide a certain product that were listed as providing a certain product. So in the beginning there were a lot of false starts. And we want to still hear that from you, if there's anything that you're experiencing that's not working out.

Let me give you an example. I can give you an example of some of the problems that I've been hearing. One day a person in Miami, she couldn't move independently within her own house. She was 60 miles from the closest provider in Miami to get her wheelchair fixed, because there were no contract providers in her immediate area. And then there are some issues within the program, who can repair and who can replace certain items. So that was a concern. She didn't have anywhere close, and she didn't have somebody to be able to drive her up there to the closest provider. So you know, examples like that are what we want to hear from you. So let's hear them. As I said, we continue to monitor the program to see how it's impacting you,

but you need to tell us as well. You need to call CMS. You can check the Medicare Supplier Directory at Medicare.gov.

Again, you can email me at abennewith@unitedspinal.org, or you can contact CMS's Competitive Acquisition Ombudsman at that email address. And again, I'm happy to send that to you separately. You can also call the number 1-800-MEDICARE, which is easy to remember. Another link that's very helpful for you to use is the State Health Insurance Assistance Program line – the SHIP program – where it has additional assistance and counseling numbers available for you. You just go to that website, click on your state, and the numbers and websites will show up for you.

Okay, on to a different topic – not DME but prescription drug coverage. And when I talked about Medicare earlier, different Medicare reforms, several of those proposals don't address Medicare Part B coverage. So it's important that this be still front and center for folks that rely on prescription drugs. So also in the Affordable Care, it changed prescription drug coverage to reduce the out-of-pocket cost of the donut hole. So as you see, this coverage gap for brand-name drug in 2013 and for generic drugs in 2011 will have additional subsidies paid which will help reduce the coverage gap. And then between 2014 and 2019 the law reduces the

out-of-pocket amount that qualifies an enrollee for catastrophic coverage. And those are some good things about the Affordable Care Act.

So we have to be mindful that there are other issues that will need to be addressed. And I want to explain to you what Specialty Tier drugs are, because that's not really addressed enough right now. Part B prescription plan established a list of specific drugs that they cover. So either there's a 25 percent co-insurance for all covered drugs, or, more commonly, there's a tiered cost-sharing structure which is generic drugs, preferred drugs, non-preferred drugs. And then there's specialty care – you know, high-cost unique drugs. And the specialty care drugs that cost more than 600 dollars a month, if you want to know what specialty care is. And out of 44 prescription drug plans, 89 percent of them nationwide, 38 of them use a specialty tier. And one of the top 10 covered pharmacy drugs is Copaxone, which is a treatment for multiple sclerosis. And as I've mentioned many times, multiple sclerosis is one of those conditions that needs to be addressed under Complex Rehab Technology. It's a population that we represent at United Spinal Association, and it's important that folks with chronic conditions have at least some coverage for these high-cost drugs.

And the message for the prescription drug coverage issue is this legislation, HR 3613, which was

introduced by Congressman Hank Johnson, a Democrat out of Georgia, last year. There are currently 33 co-sponsors, and we signed on to a letter in support of it. And what this does, it allows for an exception, allows for an individual to request an exception to place a prescription drug in the specialty tier. And it would block insurance companies from making any prohibitions against that. So it basically allows folks an exception for some of the higher-cost drugs that they need. So that is the message. The message is to urge your Congressman or Congresswoman to co-sponsor HR 3613, and to support implementation of an appeals process dealing with Medicare Part B coverage, if you are dependent on specialty-tier drugs.

Okay, I think this is the last issue, and then I'm going to talk about some of the things you can do to make a difference at a personal level. Outpatient rehab payments – Medicare caps the annual payment for 2012 at $1,880 a year, and it combines the occupational therapy and outpatient physical and speech therapy together. This would be an extension – what we want is an extension of the exceptions process, to allow Medicare beneficiaries to seek waivers to exceed the annual limit for medically necessary services. Unfortunately, there was a payment methodology that was implemented with the Budget Act back in 1997, and was made law in 1999. You know, ever since then you'd have

to request an exception to the cap, go through an exceptions process to the cap.

So as I mentioned at the very beginning, this exception will end at the end of this year. It was extended for a couple of months in December and again in February through the end of the year. But after that, it's going to go back to this cap again. And we really need to look at another way to do this. But meanwhile this is what we have, and so the issue – the rehab payment issue is to sign onto legislation. And that's what we do in the public policy department – we support or oppose legislation. You know, some members will call us about creating new legislation, as in the Complex Rehab Technology area that I talked to you about. There's one in the Senate and one in the House, Medicare Access to Rehabilitation Services Act. And there are 144 co-sponsors in the House, and several in the Senate, Senate Bill S.829.

So what this legislation does, it would repeal the cap which now affects approximately 640,000 beneficiaries being denied access to needed services. And then obviously ending the cap would ensure that beneficiaries recovering from SCI/D receive the therapy they need to lead productive, independent lives. And of course, as I talk about money, we also have to talk about keeping costs down. And it would result in Medicare costs going down, because there would be less hospitalizations

if more people were getting outpatient care, appropriate outpatient care. Okay.

So the message is, you have to urge your Representative and your Senator to co-sponsor the bill to eliminate Medicare's arbitrary and unfair outpatient rehab therapy payment cap. So what's the overall message for Congress? Well, obviously, you depend on Medicare for needed equipment and services to support your health and your activities of daily living. Without that support, you won't be able to engage in your community for the purpose of going to work, attending religious services, having medical appointments, going grocery shopping, whatever it is. You need Medicare. And so members of Congress need to hear that – they need to hear about how you go about your daily lives, what you need, how this impacted you or didn't impact you. That's the only way they know what's going on – you need to tell them. They respond to their constituents. They want to be re-elected, so they listen to their constituents.

So let me just go over quickly a review of the main Medicare messages that I talked through – I'll briefly review them. First we have complex rehab technology – ask your Representative to co-sponsor legislation that creates a separate Medicare benefit category, CRT. Now, that legislation is about to be introduced. So as soon as it is, we will be sure to send that to you, so that you can be involved and

active on that. Prescription drugs – ask your representative to co-sponsor HR 3613 that supports implementation of an appeals process for a beneficiary who is dependent on specialty-tier drugs. And then rehab payments – ask your Representative and Senator to co-sponsor these bills to eliminate Medicare's outpatient rehab therapy cap.

So that's the message that we will be taking to Congress at Roll on Capitol Hill at the end of June, and we welcome members to attend Roll on Capitol Hill. Reviewing the other issues that I discussed – the Power Mobility Device Demonstration and the Competitive Acquisition Program – again, this is something we need to know about. You can email me or call 1-800-MEDICARE for the demo. You can also email the Competitive Acquisition Ombudsman directly if there are any problems with you being able to get the equipment and services you need.

So, how do you do it? How do you get involved with advocacy? You can make a difference. Does anyone know who this person is? Hopefully you do. I'll give you a little bit of time to think about it. But you can attend a Town Hall hearing or meeting. You can contact your member of Congress. You can call the main switchboard right there, (202)224-3121, and they can connect you to you Senator or to your Representative. To find your

Senator, you can go to these links. But let me just finish off this slide here. You can also email, call, or visit. Nobody writes letters any more. Letters get irradiated – they go through this radiation system before they even get mailed. It gets delivered to the halls of Congress, and very often the pages will be stuck together and the ink will all be mushed together, and they won't be able to read anything. So, email is the way to go – email or call or visit.

You can visit the D.C. office or you can visit the office in your home state. Either way, it's a great way to meet Congressional staff and members of Congress. Okay, I gave you enough time to think about it! This guy, he is a Senator, Senator Tom Harkin, out of Iowa. He is the Chair of the Senate HELP Committee. He is very supportive of disability issues in general – I'm losing my voice – excuse me, let me take a drink of water. He's actually going to be given an award by United Spinal Association at our Awards Reception we're having at Roll on Capitol Hill, along with Congressman Langevin, who is the Co-Chair of the Bipartisan Disabilities Caucus, and he is a Democrat out of Rhode Island. And also Congressman Josh Carter, a Republican out of Texas, will be given an award, he introduced service dog legislation.

So let me go to how you find your Senator. Well, you can go to the Senate web site, www.Senate.gov, and you can just go to your state, click there – let me go to Virginia, and your Virginia Senators pop up. You can also do the same thing for a Representative – you go to House.gov. You can put in your zip code and you hit go, and my Congressman is Gerry Connelly. Well, you can do the same thing with your zip code. Okay, let's go to the next slide.

Get involved with United Spinal – that's what I want you do to. We've had some successes just since I've been here. At the Federal level, I explained to you our dialogue with CMS and members of Congress, and being able to pull out that pre-payment requirement from the demonstration, and also allow physicians and suppliers to submit documentation. Before, only physicians were required to do it in the demo, and that really wouldn't work. There's a lot of technical glitches sometimes, and sometimes it's helpful to have suppliers do that. So that is a success that we were able to pull that piece out.

At the state level, Oklahoma Medicaid – I'm not talking about Medicaid, but I just thought I'd give you an example. So it's an issue, Oklahoma State Medicaid wanted to restrict the number of catheters that you could use per month. And so we posted it on our website, and we got folks in the Oklahoma

chapter engaged and involved. We got people to write letters in to the State Board there, and they pulled that restriction. So that's great – and that's what you can do at the state level, the grassroots level.

So part of greassroots is, you join a chapter or you join a support group. And how you do that is, you go to our website – it's our membership site here, NSCIA. Here's our group at the top – you just scroll down. I'm not going to do the whole thing, but you get the idea. You have support groups as well, if you need some additional assistance, resources for you to get involved with. Let me go to the webinar information. There's not just this one, but there are plenty of other webinars to download information on, on a whole range of issues. Let me just quickly click on this so I can show you. I'm going to scroll down to the bottom of the page. You'll see some additional things on Medicare, and the ins and outs of manual wheelchairs. That's another thing. And you can just go to that page and register right there.

Also, of course, if you haven't heard already, Roll on Capitol Hill is June 25th and 26th here in D.C. Let me just tell you a little bit about some of the other webinars that aren't posted yet – you saw the April 26th one. Employment issues – that's going to be a main issue at our Roll on Capitol Hill. That's going to be addressed on May 31st in a webinar to

get you up to speed on some of those issues. July 26th, another webinar on the ADA and accessible taxis, and that should be very interesting. And then Roll on Capitol Hill in June. And I love this photo – I had to include it just to show you that – I know the boy is going to catch the bug – I know he is! And basically we can make a difference. We can be successful. I just had to include that photo in there! And then that was basically it. Thank you very much. I'm going to turn it over to Joe to do a little bit of housekeeping.

JOSEPH ISAACS: This is your opportunity to go to that questions box and type in a question for Alex. We'll take a few minutes to allow you to do that in case you haven't already. This gives her a chance to break from her presentation and look at the various questions so that if there is overlap and duplication, she can present the question and answer in the best possible manner. So please do so now – we welcome that. And as Alex said earlier, those that aren't addressed in the next few minutes that we have remaining in the webinar presentation, we'll get to afterwards. So don't leave because we haven't addressed the question here now, because we will be responsive – we'll try to get to every question. So Alex, do you have any questions so far?

ALEXANDRA BENNEWITH: Oh, let's see – oh, yes, a lot of questions regarding the slides and will the slides be emailed to participants? Yes, absolutely. We will be sending out the slides themselves. We'll also be posting them. We'll email them, and we'll post them to the

website. There'll be a transcript as well of the webinar, along with a PDF of the actual slides. So yes, to be responsive, yes, they will be available to those that need the slides, those that would like to have them.

JOSEPH ISAACS: The only thing we ask of those who use the slides in their own presentation, to share the information with others, is to give appropriate attribution to United Spinal or whomever we borrowed the information from, in terms of references by an individual slide. It is intellectual property, and we have to respect that. So thank you.

ALEXANDRA BENNEWITH: I do see a question from one attendee. She says, "Our services directly impact the timely and safe discharge of patients from hospitals. How can we get this message out to the government?" Well, you can absolutely – what you do is, as I said, you can call your Senator or your member of Congress. I would really like to talk to you more, and I believe I have your email address, this questioner.

But to that point, I was talking about the Competitive Acquisition program, and a lot of the concern there is that discharge planners have stated that there is some complexity about trying to discharge their patient with this new program in place, because they have to figure out who is a contracted supplier and who isn't, if they're in a competitive bidding area. And so it has raised some concerns, some complexity for some hospitals. But I'm glad to see that your discharging of patients is

timely. So that's good to hear. I'd like to talk more to you about that.

I also would like to address UsersFirst, specifically individuals who are having insurance coverage issues with a specific wheelchair. And that was one of the logos that I had at the very front of the presentation, Usersfirst.org. You can go to the SpinalCord.org website to find out more about UsersFirst.

Oh, now I have a question here – I think they're referring to the Affordable Care Act – "What happens if the Act is thrown out altogether?" Well, I can talk a little bit about some of the issues that were discussed – we have the Anti-Injunction Act that was discussed on Monday, and that basically says, "Do we need to talk about this case now, or can we wait until payments start coming in?" It was the discussion around whether it was considered a tax or a penalty, the individual mandate. They also discussed, obviously, the individual mandate, requirement for people to buy health insurance under Medicare.

And then there's the severability issue. Severability means what pieces of the law can be pulled out separately – if one thing is pulled out, what else stands in the Affordable Care Act? So those are the different divisions – basically we'll see. A lot of this is up in the air for this questioner that asked this

question. We'll have to find out more. The decision will be made at the end of June as to what happens to the Affordable Care Act. But as I've said to many people, if you're not at the table, you're on the menu. So you have to make sure that you are in the dialogue, that you are part of the discussion, and that they hear your concern.

JOSEPH ISAACS: Alex, if you don't mind, I think it's important for the questioner to appreciate that much of what you talked about would not change at all, that it relates to current Medicare status, and that these issues around DME, competitive bidding, and the outpatient rehabilitation therapy cap are all existing logistics that apply to Medicare as it is. Nothing in the Affordable Care Act will change that. The likelihood of the entire bill being killed is very limited. I think that if the Supreme Court determines that there's a point of constitutionality, they may throw it back to Congress to work out the kinks.

ALEXANDRA BENNEWITH: Yeah, that's right.

JOSEPH ISAACS: But it's kind of far down the road. This bill is two years old, and we'll see. The severability question is very arguable. Many think that the main issue that is of concern in terms of undermining the constitutionality is the mandate that requires everyone to purchase health insurance because of the necessity to actually have people buy something from a private market, as opposed to Medicare, which you're buying because it's a government program and you're being taxed by the government

itself. You know, we buy car insurance because we have to, but there's a lot of issues around the issue of whether or not there is precedent. Whatever comes out, I don't think it'll be the end of the discussion. But again, the important thing about the message for you today is, it will likely not change at all the impact that will occur within Medicare under these various provisions that Alex described. So those bills that we ask you to support will be equally important, regardless of the outcome of the Supreme Court decision.

ALEXANDRA BENNEWITH: Thank you, Joe. And I also see some questions here, "What is HELP?" HELP is the committee on the Senate side, Health Education, Labor, and Pensions Committee. That was the committee that Tom Harkin is the chair of. So I wanted to address that question. Let's see – I don't see any other questions. I think all the other questions have been answered – let me just double-check. Okay, great. Well, I don't see any more questions. Thank you for listening, and please do continue to get involved in United Spinal activities. You can always dial in to another webinar. And thank you very much.

JOSPEH ISAACS: Right. And if you have questions subsequent to this that dawn on you, please don't be bashful. Relate them to Alex at abennewith@unitedspinal.org. It's on the screen right now. We welcome them. So thanks so much for participating.

ALEXANDRA BENNEWITH: And I just wanted to show you – I put the contacts right up there again at the end so you have time to pull those if you need. Again, my email, as you see,

abennewith@unitedspinal.org. Thanks a lot. Have a great afternoon. Take care.