



**American Hospital
Association**

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November 22, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
200 Independence Avenue, S.W.
Room 445-G
Washington, DC 20201

Re: Quality Standards for Suppliers of Durable Medical Equipment, Prosthetics, Orthotics, Supplies (DMEPOS) and Other Items and Services

Dear Dr. McClellan:

The American Hospital Association (AHA), on behalf of our 4,700 member hospitals and health care systems, and our 31,000 individual members, appreciates the opportunity to comment on the draft quality standards for suppliers of durable medical equipment, prosthetics, orthotics, supplies (DMEPOS) and other items and services. These draft standards were developed as part of the transition to DME competitive bidding, as required by the Medicare Modernization Act of 2003 (MMA). **The AHA is very concerned with the particular draft quality standard in Appendix I that would restrict the types of practitioners who may provide prosthetics and orthotics services.**

Appendix I of the draft standards would restrict the types of practitioners who can provide orthotics and prosthetics services to individuals “certified or licensed as an orthotist, prosthetist, and/or staff certified by the American Board for Certification in Orthotics and Prosthetics or the Board for Orthotist/Prosthetist Certification.” This provision is inconsistent with both the current standard of care for orthotics/prosthetics and the current Medicare provider guidelines that establish the types of practitioners qualified to provide orthotics and prosthetics services. In Section 1384 H1(F) of the Social Security Act, physical therapists (PT) and occupational therapists (OT) are included among the approved orthotics and prosthetics providers for Medicare, yet these draft standards would specifically exclude PTs and OTs. **Without justification, this proposed restriction would significantly reduce care for the patients who rely on PTs and OTs for these services.**



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Today, thousands of OTs and PTs provide orthotics and prosthetics services in hospital outpatient departments and many other settings. Their services include evaluating patients; designing and fabricating orthotics (and limited prosthetics); dispensing orthotics and prosthetics; and providing patient education on how to apply and remove orthotics and prosthetics, and related issues. **It is essential that PTs and OTs retain the ability to provide these services in hospitals and other settings, as allowed in the statute.**

CMS should specifically state that Medicare-certified health care practitioners, such as hospital PTs and OTs, that provide DMEPOS are exempt from those draft quality standards for DMEPOS suppliers that are duplicative of existing Medicare quality and operational standards. Such an exemption is appropriate since these providers already are subject to extensive quality and operational requirements within the Medicare conditions of participation and other laws and regulations, in such areas as clinical protocols, facility operations, quality safeguards, etc. Therefore, most of these draft standards would be unnecessary and burdensome for hospitals, given current quality and other regulations.

The draft standards should be modified by striking the provision in Appendix I of the draft standards that states, “These standards address customized orthotics and prosthetics that *require the qualification and expertise of a certified or licensed as an orthotist, prosthetist, and/or staff certified by the American Board for Certification in Orthotics and Prosthetics or the Board for Orthotist/Prosthetist Certification.*” If this sentence is kept in the final guidelines, it should be expanded to include PTs and OTs.

We strongly urge CMS to modify Appendix I as recommended to preserve the ability of PTs and OTs to provide orthotics and prosthetics and related health services in hospitals and other settings. Doing so will help ensure that Medicare beneficiaries retain access to these important services under the new competitive bidding process. The AHA appreciates the opportunity to submit these comments. If you have any questions, please contact me or Rochelle Archuleta, senior associate director for policy, at (202) 626-2320.

Sincerely,

Rick Pollack
Executive Vice President