**ASSISTIVE TECHNOLOGY LAW CENTER**

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Dear Colleagues,

### Currently in the United States, we face an unprecedented threat to Medicare’s coverage of speech generating devices. Because Medicare is the country’s largest funder of SGDs, it also influences the funding policies of many other programs across the country. Thus, what Medicare does, others follow, and this further compounds the threat to AAC stakeholders.

### On February 27, 2014, the Centers for Medicare and Medicaid Services (CMS) issued what they called a “coverage reminder” that, in reality, made significant changes in the SGD National Coverage Decision issued in 2001. The changes to policy include:

### it is now uncertain whether CMS will continue to accept off-the-shelf technology as SGD hardware;

### *any* non-speech feature will disqualify an SGD for Medicare coverage;

### SGDs capable of being unlocked at any time during the life of the device will be disqualified from coverage; and

### Medicare will not cover access aids when Medicare recipients use their own devices and just seek Medicare funding for SGD software.

### We will respond to CMS by asking that the coverage reminder be withdrawn because none of the policy changes stated in the coverage reminder is appropriate or necessary. Every SGD sold to Medicare recipients since January 2001 was in compliance with Medicare regulations, the National Coverage Decision for Speech Generating Devices, and Medicare policy as explained by CMS staff and contractors. Specifically, every SGD delivered to Medicare recipients met the Medicare definition of Durable Medical Equipment. Each one was (1) able to withstand repeated use; (2) primarily and customarily – but more likely, exclusively – used to serve a medical purpose; (3) generally not useful to an individual without illness or injury; and (4) appropriate for use in the home. Speech-language pathologists conducted assessments, made recommendations, and wrote reports as directed by Medicare’s Local Coverage Decision for SGDs, and physicians determined need prior to device delivery. *We,* as a field, followed the rules. And, during that time, Medicare has funded more than 20,000 SGDs enabling recipients with limited or no speech to access speech output.

### Recently researched data show overwhelmingly that people whose devices were funded through Medicare use them to serve a medical purpose. Specifically, the SGD enables them:

### to converse about healthcare (96% of 222 Medicare recipients surveyed), with at least 55% doing so on an hourly or daily basis);

### to express their needs and wants (99%, with at least 86% using them hourly or daily);

### to call for help (94%, with at least 67% using them at least hourly or daily);

### to get their needs met (99%, with at least 87% using the SGDs hourly or daily);

### to clarify needs with caregivers (98% with at least 82% hourly or daily);

### to exchange information (97% with at least 78% hourly or daily); and

### to discuss important issues or concerns (97% with at least 73% hourly or daily).

### Moreover, with the exception of people with ALS (who comprise only a small percentage of all Medicare recipients who acquire SGDs), these devices overwhelmingly are *not* unlocked and thus, their *exclusive* use is for speech generation.

### That very few SGDs are unlocked also establishes that SGDs are *generally* not useful to people without illness or injury. Medicare coverage guidance requires SGDs to be sold as dedicated devices. For this reason, at the time of device delivery, all SGDs are not useful to anyone whose speech meets their daily communication needs. And, because so few are ever unlocked, these devices “generally” are not useful to individuals with illness or injury.”

### Multiple strategies to respond to the threat have been discussed by people who rely on AAC devices and their families, those who identify the need, those who teach those who identify the need, those who do the research to guide the teachers, those who design, build, deliver and service the devices and those who advocate for the devices. Now it is time to, once again, come together as a community, form a coherent coalition and speak to CMS with a united voice.

### A letter is being prepared in the next few days that will put forth the case for withdrawing the coverage reminder. It will then be circulated to AAC stakeholders: individuals, groups, organizations, agencies, universities. Everyone will be invited to sign the document. However, all of this will need to happen *very, very* quickly so the turnaround time will be limited. We hope that you will consider participating on your own behalf and that you will kick it up the chain and ask the organizations you work with and for to join this effort. We’ve come so far over the past forty years. Now is not the time for silence.

### Thank you.

### Sincerely,

### Lewis Golinker Sarah Blackstone Harvey Pressman