

September 14, 2022

Centers for Medicare and Medicaid Services (CMS)
200 Independence Avenue S.W.
Washington, D.C., 20201

Seat Elevation Systems as an Accessory to Power Wheelchairs (Group 3)

Dear Sir or Madam,

In service of the neuromuscular disease (NMD) patient community, the Muscular Dystrophy Association (MDA) thanks the Centers for Medicare and Medicaid Services (CMS) for the opportunity to comment on CMS's national coverage redetermination. We are grateful for CMS's revaluation of coverage for seat elevation and power standing features for power wheelchair users, as these features are vital for our constituents' health, safety, and independence.

MDA is the nation's leading nonprofit organization dedicated to transforming the lives of individuals living with neuromuscular diseases through innovations in science and innovations in care. MDA fulfills its mission by funding biomedical research, providing access to expert clinical care and support through its national MDA Care Center Network, and championing public policies and programs that benefit those we serve. Since its inception, MDA has invested more than \$1 billion in research grants to accelerate treatments and cures for neuromuscular disorders, making MDA the largest source of neuromuscular disease research funding in the U.S. outside of the federal government.

Background:

Neuromuscular diseases affect individuals' muscles, limbs, and mobility and often lead to reliance on a wheelchair or other assistive mobility device. To completely address the loss of function that results from mobility-related disabilities, we encourage CMS to acknowledge the full range of functional loss. People who qualify for complex rehab power wheelchairs classified as Group 3 and above require the use of their power wheelchair for all activities throughout the day. The reduced mobility brought on by wheelchair use has many effects on those with neuromuscular diseases. Most notably, there are a large number of health effects that stem from using a wheelchair.¹ Additionally, using a wheelchair results in reduced mobility and presents obstacles to self-sufficiency as well as safety concerns.² Due to these limitations and the consequences therein, it is essential that CMS provide coverage for these features.

¹ See generally, *A randomized controlled trial of standing programme on bone mineral density in non-ambulant children with cerebral palsy*, Caulton, et. al. ARCHIVES OF DISEASE IN CHILDHOOD, 89(2), 131-135.

² See generally, *RESNA Position on the Application Seat-Elevating Devices for Wheelchair Users*, Arva et. al. chrome-extension://efaidnbmninnibpcapjcgclcfndmkaj/https://www.rstce.pitt.edu/RSTCE_Resources/Resna_position_on_seat%20elevation.pdf

The benefit of Standing and Seat Elevation Technologies:

The medical issues posed by standard wheelchairs outlined above are all significantly ameliorated by seat elevation and power standing systems.³ CMS has received many peer-reviewed articles from other organizations that will provide considerably more data on the many additional benefits of seat elevation and power standing systems, including the benefits for improved circulation, mobility, gastrointestinal health, range of motion, promotion of vital organ capacity, improved bone density, and reduced occurrence of skin ulcers and skeletal deterioration.⁴ Given the data provided to CMS, it is clear that coverage of these devices is medically necessary. In addition to the medical necessity of these devices, we would like to draw CMS's attention to the fact that seat elevation and power standing systems vastly improve users' ability to perform daily living activities such as bathing, cooking, and cleaning more safely and with less physical strain which only furthers the health of users.⁵ Finally, seat elevation and power standing systems make transfers in and out of seats vastly safer and less physically costly.⁶ Not only does this ease of transfer help with the quality of life of users generally, but also, safe transfer makes travel considerably more accessible. This accessibility for travel is particularly important for members of the NMD community as traveling to see medical specialists across the country is common.

Conclusion:

MDA is committed to ensuring that individuals with neuromuscular diseases have access to devices to promote safe and healthy lives. We encourage CMS to provide coverage for seat elevation and power standing systems.

We appreciate this opportunity to provide comment on CMS's national coverage redetermination. For questions regarding MDA or the above comments, please contact me at 336-409-4000 or jcartner@mdausa.org.

Sincerely,

Joel Cartner, Esq.
Director, Access Policy
Muscular Dystrophy Association

³ *The effect of supported standing in adults with upper motor neurone disorders: a systematic review*, Newman et. al. Rev 26(12):1059–1077. See also generally, *RESNA Position on the Application Seat-Elevating Devices for Wheelchair Users*, Arva et. al. chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.rstce.pitt.edu/RSTCE_Resources/Resna_position_on_seat%20elevation.pdf

⁴ *Id.*

⁵ *Shoulder pain and heavy manual labor*, Herberts et al. CLINICAL ORTHOPAEDICS & RELATED RESEARCH, 166-178. See also, *Intramuscular pressure of the infra- and supraspinatus muscles in relation to hand load and arm posture*, Palmerud et al. EUROPEAN JOURNAL OF APPLIED PHYSIOLOGY Rev. 83, 223-230.

⁶ *Id.*