AMERICAN ACADEMY OF PHYSICAL MEDICINE AND REHABILITATION



Perident-Elect Gail L. Gamble, MD Lochester, MN

ice President Thomas E. Stras, MD Edison, NJ

inel M. Press, MD licago, IL

*rangueer *aniel Domitro, MD, PhD -an Antonio, TX

n Prendent on L. Meivin, MD Striagelphia, PA

Tempert-ar-Lurge Maury Ellenberg, MD Detroit, MI

Bruce M. Gans, MD New Hyde Park, NY

Steven M. Gnatz, MD Julumma, MD

Mark C. Race, MD

Sridbar V. Vasedevan, MD Brookfield, WI

Claire V. Wolfe, MD Dublin, OH

President, PASSOR Barry S. Smith, MD Dailas, TX

1.MA Delegate Leon Reinstein, MD Baltimore, MD

Pretident Resident Physician Council David F. Brake, MD Richmond, VA

Editor of Archives of Physical Hedicine and Renoblitation Lettrey R. Basford, MD Rochester, MN

Council of State PM&R Naciety Presidents Stuart Glassman, MD Concord, NH

Executive Director Ronald A. Henrichs, CAE Chicago, IL

Ine IBM Plaza, Suite 2500 Chicago, IL 60611-3604 Felephone (312) 464-9700 Fax (312) 464-9227 E-mail: info@aapmr.org March 23, 2000

Hugh Hill, MD
Acting Director
Coverage and Analysis Group
Office of Clinical Standards and Quality
Health Care Financing Administration
7500 Security Boulevard
Baltimore, Maryland 21244

Dear Dr. Hill:

The American Academy of Physical Medicine and Rehabilitation (Academy) has recently received and reviewed the "Formal Request for National Coverage Decision for Augmentative and Alternative Communication Devices" (CAG-00055), submitted to the Health Care Financing Administration (HCFA) by the American Speech-Language-Hearing Association coalition. The Academy lends its full support for Medicare coverage of these devices for patients with severe communication impairments, such as dysarthria, apraxia, and aphasia, regardless of the motor or neurological condition that gives rise to the communication impairment.

The Academy strongly believes that augmentative and alternative communication (AAC) devices are medically necessary aids for communication. Clearly, there are no suitable substitutes for these devices for individuals with disabilities who require them. Just as the ability to communicate in writing does not eliminate the need for a person with a laryngectomy to use an artificial larynx, neither does the existence of some other techniques for communication eliminate the need for AAC devices for patients with severe communication impairments. The Academy believes AAC devices are reasonable and necessary to treat these patients. They are necessary to meet the communication needs arising in daily activities.

The absence of Medicare coverage has contributed to the limited availability of these devices to individuals in need. Therefore, the Academy strongly appeals to HCFA to reverse its noncoverage decision.

If the Academy can be of further assistance on this matter, please do not hesitate to contact me.

Sincerely,

Ronald Henrichs, CAE

Executive Director

cc: Robert Weber, MD, President

Joel Stein, MD

62nd Annual Assembly in confinetion with American Hospital Association Section for Long-Term Care and Rehabilitation Member Forum