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[S. 984, Steve Gleason Act of 2015](#)

FLOOR SITUATION

On Wednesday, July 15, 2015, the House will consider [S. 984](#), the *Steve Gleason Act of 2015*, under suspension of the rules. The bill was introduced on April 16, 2015, by Sen. David Vitter (R-LA) and passed the Senate by [voice vote](#) on April 22, 2015. The House Committee on Ways and Means ordered the bill reported by voice vote on June 2, 2015.

SUMMARY

S. 984 would modify Medicare coverage and payment rules to require coverage for speech-generating devices (SGDs) for individuals with a medical need, such as individuals who have amyotrophic lateral sclerosis (ALS) and Parkinson's disease.

The bill makes two changes to Medicare coverage and payment rules. First it revises the definition of durable medical equipment (DME) to include eye-tracking and gaze-interaction devices, which allow beneficiaries to use SGDs when they are unable to use their limbs to operate the devices. Second it modifies the capped-rental designation for SGDs and allows beneficiaries to purchase such equipment, rather than assume ownership at the end of the rental period. Under current law, Medicare makes payments for DMEs on a capped-rental basis; making two monthly payments for a set period of 13 months. At the end of the capped-rental period, the beneficiary may choose to own the item or can return it if it is no longer needed. The legislation would allow beneficiaries to purchase qualifying DMEs, rather than renting them, beginning on October 1, 2015 and lasting until September 30, 2018.

BACKGROUND

Medicare covers items that beneficiaries use in their homes and can withstand repeated use, such as wheelchairs and hospital beds, under the Part B DME benefit. The DME benefit provides the Centers for Medicare and Medicaid Services (CMS) authority to establish Medicare payment rules related to speech generating devices (SGDs). Prior to 2001, CMS did not cover SGDs, ruling that they are convenience items not associated with medical need.¹

¹ See [House Report 114-178, Part 1](#) at 2,.

CMS established national payment rules starting in 2001 that provide coverage for SGDs. Under these rules, beneficiaries were able to pay out-of-pocket to upgrade the functionality of their SGD. CMS recently reinterpreted its 2001 rules by stating that Medicare does not pay for an SGD that has been modified to increase its functionality.

CMS also used its administrative authority to establish that beneficiaries do not own their SGD until after the conclusion of a 13-month rental period and to require a higher threshold for demonstrating medical need for SGD eye tracking and gaze interaction.² According to the Committee, this resulted in inappropriate denials of SGDs claims for beneficiaries who rely on this technology.³ S. 984 would require Medicare coverage of SGD eye tracking and gaze interaction accessories for individuals with a medical need; and establish that a beneficiary owns an SGD upon receipt, as opposed to at the conclusion of a 13-month rental period, from October 1, 2015 through September 30, 2018.

Steve Gleason was born March 19, 1977 in Spokane, Washington and played in the National Football League (NFL). Steve retired from the NFL in 2007 after playing eight seasons with the New Orleans Saints. In January 2011, he was diagnosed with ALS. Upon being diagnosed, Steve created a foundation designated to help provide individuals with neuromuscular diseases or injuries with leading edge technology, equipment and services, and raise public awareness about the disease in hopes of finding a cure.⁴

COST

The Congressional Budget Office (CBO) [estimates](#) that enacting the bill would increase direct spending by \$28 million over the 2016 to 2025 period. Pay-as-you-go procedures apply because enacting the legislation would affect direct spending.

STAFF CONTACT

For questions or further information please contact [John Huston](#) with the House Republican Policy Committee by email or at 6-5539.

² Id.

³ Id.

⁴ <http://www.teamgleason.org/about/>