



August 30, 2006

Mark B. McClellan, M.D., Ph.D.
Administrator, Centers for Medicare and Medicaid Services
(CMS)
Department of Health and Human Services
Attention: CMS-1512-PN
Mail Stop C4-26-05
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Baltimore, MD 21244-1850

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Austin, Texas 78727
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Dear Dr. McClellan:

I am writing on behalf of the Texas Academy of Family Physicians and the 5,500 family physicians, residents and medical students in the state of Texas. Specifically, I am writing to express our concerns regarding your recently proposed rule governing the coverage of power mobility devices.

Family physicians write most of the prescriptions for these devices, and we believe the proposed rule does not follow an evidence-based medicine framework and may adversely affect our ability to provide high quality and comprehensive care to our patients.

You and your colleagues are aware that, absent mobility support, most of these patients' physical and mental health will inevitably deteriorate. This is substandard medical care, and ultimately more expensive care. We are certain this is not a policy position of CMS. However, this proposal, ostensibly to minimize the potential of fraud or inappropriate prescribing, shifts too much risk back on our patients. We offer the following concerns:

1. The previously promulgated documentation requirements are unnecessarily burdensome. CMS should allow the physician to follow a checklist of criteria CMS wants satisfied.
2. The coverage proposal gives a regional federal employee the ability to override a physician's medical opinion or automatically downgrade the equipment we have prescribed without having seen the patient.
3. The coverage proposal will create medical necessity dilemmas. We know what the patient needs, such as a certain diagnostic procedure or medication, but to get the desired therapeutic effect the patient will have to cover the difference in cost. That is problematic with a frail, elderly patient on a fixed income, when the difference may be upwards of a thousand dollars.
4. We are not aware of any CMS utilization criteria that could guide us on what CMS considers medically necessary equipment, nor how we

should deal with a patient with a progressive disease, whose own mobility needs will rapidly escalate. We fear the rule gives final authority to keep equipment from a patient, or permit inadequate mobility support until the symptoms are acute and the need for mobility assistance moot.

We understand the immense pressures on your agency and fear the rule as currently written will be nothing more than another federal budget strategy that complicates our members' ability to provide mobility support for our fragile patients. We respectfully request you reconsider the proposed rule and provide more clinical guidance on what CMS considers medically necessary equipment. Otherwise, this effort will compromise our clinical judgment, and ultimately our patients' welfare.

We appreciate this opportunity to comment on matters related to coverage of power mobility devices. As always, the Texas Academy of Family Physicians looks forward to working with CMS in its continued efforts to ensure access to appropriate physician services.

Sincerely,

A handwritten signature in black ink that reads "Doug W. Curran M.D." The signature is written in a cursive, flowing style.

Doug Curran, M.D.
President
Texas Academy of Family Physicians