

JUDICIARY COMMITTEE  
SUBCOMMITTEE:  
HANKING MESSAGES  
COMMERCIAL AND  
ADMINISTRATIVE LAW  
CONSTITUTION  
TRANSPORTATION AND  
INFRASTRUCTURE COMMITTEE  
SUBCOMMITTEES:  
GROUND TRANSPORTATION  
OVERSIGHT, INVESTIGATIONS AND  
EMERGENCY MANAGEMENT  
REGIONAL WHIP

Congress of the United States  
House of Representatives  
Washington, DC 20515

July 19, 1999

JERROLD NADLER  
8TH DISTRICT, NEW YORK

REPLY TO:

- WASHINGTON OFFICE  
2204 HAYBURN BUILDING  
WASHINGTON, DC 20515  
(202) 225-4406
- DISTRICT OFFICE:  
11 BEACH STREET  
SUITE 510  
NEW YORK, NY 10015  
(212) 334-3267
- DISTRICT OFFICE:  
332 NEPTUNE AVENUE  
BROOKLYN, NY 11224  
(718) 373-3138

E-mail: [jnradler@mail.house.gov](mailto:jnradler@mail.house.gov)  
Web: <http://www.house.gov/nadler>

The Honorable Donna Shalala  
Secretary  
Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, D.C. 20201

Dear Secretary Shalala:

I am writing to express my concerns regarding Medicare coverage for Augmentative Communications Devices (also known as AAC Devices). As you may know, AAC Devices provide individuals who are unable to speak, use sign language, or write because of cerebral palsy, muscular dystrophy, stroke, or ALS the ability to communicate and, therefore, lead safer and more productive lives.

Over a decade ago, the Health Care Financing Administration (HCFA) issued a National Coverage Determination (NCD) that AAC Devices would not be covered by Medicare. The HCFA classified them as "communicators" and deemed to be a "non-medical convenience." In addition, HCFA placed AAC Devices in the Durable Medical Equipment category of Medicare, rather than the appropriate Prosthesis category. I would like to point out that the Food and Drug Administration (FDA) classifies AAC Devices as prosthetics.

Since that decision, every state Medicaid program, the TRICARE program (formerly CHAMPUS), the Veterans Administration and hundreds of commercial health insurers have evaluated AAC Devices and deemed them appropriate for medical coverage. I understand that HCFA has not reevaluated its decision and that no records about which AAC Device was evaluated or why the evaluators decided not to cover it seem to exist. There have been considerable advances in AAC Device technology since the NCD.

Medicare's exclusion of AAC Devices as "convenience items" is thus inconsistent with the conclusions by virtually every other major health benefits program and independent decision makers who have considered the issue. It is also inconsistent with a great volume of professional literature about AAC treatment, and the inclusion of AAC intervention research projects among the grant priorities set by the National Institutes of Health, Institute on Deafness and Other Communication Disorders.

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It is clear that speech is a vital human function and that Medicare's historic coverage denial of AAC devices deserves to be re-evaluated in light of advances in technology and now accepted standards of medical practice. I ask that you direct HCFA to suspend its "convenience item" guidance NCD 60-9. HCFA's non-coverage decision denies many Medicare recipients access to a critical technology which could restore their functioning to a much higher level. I would appreciate it if you would reevaluate this technology and reconsider the non-coverage decision. Thank you very much for your prompt attention to this matter

Sincerely,



Handwritten signature of Jerrold Nadler in black ink, featuring a stylized, cursive script with a long horizontal flourish extending to the right.

Jerrold Nadler  
Member of Congress

cc: Administrator Nancy Ann Min-DeParle