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HB 2137 Testimony

Chairman Greenlick, Vice chair Keny-Guyer and members of the committee,

I am David Komeiji, a Physical Therapist in good standing in the great state of Oregon. I am a citizen who, hopes to provide an opportunity to support the ideals and efforts of this state's work to transform healthcare. HB 2137 spawned from a confluence of personal experiences and the States Healthcare transformation.

As a Physical Therapist, I managed an equipment loan bank for Columbia Regional Orthopedic Services (CROS) for 6 years. CROS is an Oregon Department of Education grant funded program for severely orthopedically impaired students from 0-21 years. CROS's geographic territory includes Multnomah, Clackamas, Hood River and North Wasco counties. One of the charges of CROS is to provide large 'medical' equipment (ergo, standers, gait trainers, mechanical lifts), which supports the individualized education plans of the region's students. Once equipment was determined to be educationally relevant, CROS would 'find' (in stock or if possible purchase) the equipment and the licensed school district representative would provide the equipment to the student. Over my tenure with CROS we annually served 400+ students with a biennial budget, ranging from \$200,000 to \$0.00, dependent on funding allocation. The only way we could meet the needs to these severely impaired students was to reuse equipment, making sure the equipment was clean, safe and appropriately modified to meet the specific student's needs.

As a Education-based Physical therapist, I have accompanied students to their physician/ hospital and clinic visits, where, if the student / student's family did not have insurance or fiscal means of purchasing a wheelchair, the facilities' licensed professional and I would cannibalize old wheelchairs and build a wheelchair that met the needs of the student.

I had the honor to participate in one of the Governor's healthcare transformation work groups. The specific work group was addressing the needs of the dually eligible, Medicare and Medicaid population. To the credit of Governor Kitzhaber, Dr. Bruce Goldberg/ Dr. Judy Mohr-Peterson, Mrs. Erinn Kelly- Siel, Mrs. Trish Baxter and Health transformation Policy Board I was given insight into the good work of the Oregon Health Authority and the Department of Human Services. As an early adopter of the "Triple Aim", I strongly support the path which is being undertaken. In support of the ideals of the "Triple Aim" of care, health and cost, HB 2137 is an idea which, when repurposing Durable Medical Equipment, will support the "Triple Aim".

My interest is in supporting The Oregon Health Authority's healthcare transformation. I had the desire to understand OHA's Policy and implementation of that policy and began participating in the Authority's DMAP- DMEPOS stakeholders workgroup. Participating in these meetings I became more aware of the need of the client base, as well and the fiscal limitations of the Agency. The Agency is under great fiscal limitation and has been trying to find different methods of meeting the needs of the clients and provider stakeholders.

To determine availability of pre-owned medical equipment, I checked Craigslist and EBay. I found individuals and vendors selling DME. On Craigslist, PORTLAND SURGICAL SALES- "sells used and refurbished medical equipment" and individual owners have posted wheelchairs/scooter and hospital beds. On EBay, I found unregulated resellers. Venusalexis, who will resell, "[Anything I think anyone may buy.](#)" and ajhimmler "Hello. You are bidding on a used Quickie GPS Rigid wheelchair. This wheelchair has been used with care, but it is a highly functional quality chair that will work well for a person that needs a daily chair or a chair lighter and easier to use than a folding chair. I purchased this chair less than a year ago, but have no further need of it."

As a result of the combination of these experiences the idea culminated in HB 2137. The number of enrolled individuals under the state's health plan system will increase and this bill could support the continued access to DME program. In addition, the idea of this Bill will support cost containment and provide regulation of use of pre-owned equipment. This Bill also provides an avenue to be innovative in the State's approach to meet the Triple aim. Not directly related to the Triple Aim, but is important to the State, is with implementation of this Bill, there should reduce the amount of equipment ending up in landfills and with reduction of purchasing new equipment, a possible reduction of our state's contribution to our nation's carbon footprint.

From the Internet I was able to find that the State of Oklahoma (HB 2777, exhibit 1) has a state sponsored processes to reuse/repurpose Durable Medical Equipment, and am in the process of investigating the State of Kansas' statute. I have attempted to communicate with these States to get specifics of how their states have implemented their programs but have not had success.

The concept of HB 2137 is good; I would suggest this committee amend the Bill.

1) Bill Amendments

- a. OHA and DHS partner in developing joint Oregon Administrative Rules/Process to include stakeholder in planning and implementing program
 - i. Both serve populations who use state/federal funding for DME
 - ii. Both are involved with healthcare transformation
- b. Section 1-Definitions to reflect. OAR Auth410-120-0000, ORS 413.042 414.065

- c. Section 2 and subsequent sections where OHA is listed as solo Agency, OHA and DHS be dually responsible.
- d. Section 3- amends to replace “authority” with “Provider organization”, which could then add Coordinated Care Organization to receive and redistribute equipment.
- e. Section 6- amends to include “provider organization” with OHA/DHS in developing statewide inventory system.
- f. Additional amendments.
 - i. Recipient/client of equipment returns equipment
 - ii. Equal shared fiscal/ personnel and priority by OHA and DHS to plan, and implement program
 - iii. OHA/DHS shall require repurposed DME shall be dispensed with the same rigor for safety, cleanliness and medical appropriateness as new equipment
 - iv. Amendment to allow the OHA/DHS, or other contractor to accept donations of DME that may have been originally been purchased by payers other than Medicaid.
 - v. OHA/DHS shall jointly report their shared implementation plan to the Legislature during the 2014 session
 - vi. OHA/DHS shall implement repurposing system by March 2015.

I appreciate Chairman Greenlick and Vice-Chair Keny-Guyer and the House Health Committee members to allow this citizen to share an idea to help improve our State’s Healthcare transformation.