



Date: April 24, 2025

**To: The Oregon House Commerce and Consumer Protection Committee
Chair Nathan Sosa
Vice-Chair Farrah Chaichi**

RE: Opposed as written- SB 550- Establishing a right to repair mobility equipment for persons with physical disabilities

Dear Chairwoman, Walen:

On behalf of the Clinician Task Force (CTF), we respectfully oppose as written SB 550—Establishing a right to repair for mobility equipment for persons with physical disabilities. We oppose the bill as written because it may unintentionally harm complex needs patients and fail to address the current delays. We urge the committee to adopt the -2 amendment to SB 550. This amendment will expand repair access but protect consumers from unintended safety issues.

The CTF is a 501(c)(4) non-profit organization comprised of a group of healthcare providers that practice, serve, and provide education on best practices in seating and wheeled mobility clinical services and advocate for individuals who require complex rehab technology (CRT) equipment. The CTF membership consists of occupational and physical therapists across the United States with seating and wheeled mobility expertise. We maintain a majority of at least 80% of the membership actively evaluating CRT equipment in a wide variety of settings, including inpatient and outpatient rehabilitation, private practice, educational settings, community-based programs, and more. Membership guidelines mandate that no more than 20% of the members are employed full-time by CRT manufacturers/suppliers to ensure an ethical balance is maintained. In short, our membership has no financial benefit as they advocate for their patients/clients.

Access to wheelchair repairs is critical to maintaining the health, safety, and independence of individuals with disabilities. In recent years, consumers have experienced delayed access and fewer provider options when equipment service or repair is needed. As drafted, SB 550 will not address the current challenges in providing repairs, while simultaneously exposing CRT patients to additional out-of-pocket costs and adding serious health risks due to improper repairs or clinical parts being purchased without the proper evaluation by a clinician. To this end, we would like to provide the following information for your consideration:

Unintended patient risk under SB 550—As it is currently written, this legislation would create additional risks for people with disabilities who rely on CRT power wheelchairs.

CRT power wheelchairs are prescribed by physicians and individually configured under clinical guidance from medical professionals (occupational and physical therapists) and a RESNA-certified Assistive Technology Professional (ATP) employed by the provider. Adjustments or repairs to such equipment can significantly impact the wheelchair user's positioning and safety positively and negatively. Even small maladjustments can compromise the person's respiratory, digestive, and circulatory function, and may

cause pain and postural instability, and impact their ability to safely drive and use the equipment. The importance of protecting skin integrity is particularly concerning in preventing pressure injuries that can become serious secondary complications and even life-threatening. This is done through well-informed pressure management that can include redistribution, immersion, off-loading, and pressure relief techniques that are individualized for each person and must be understood and engaged in by the user. Clinicians have a crucial role in assessing posture and pressure management needs, recommending appropriate cushions and power seat functions, and educating individuals and caregivers on how to use the technology to best effect. Something as simple as using the wrong type or size of seat cushion or misunderstanding effective use of power seat functions can have unintended but devastating (and expensive) consequences.

CTF believes in the importance of consumer choice and respects that some individuals wish to repair their wheelchairs independently of their wheelchair provider. Some basic adjustments and repairs can be carried out safely by those who want to seek services outside of the manufacturer's dealer network, and they should have that option. However, other repairs and modifications can be dangerous if performed by someone without proper training and in the absence of collaboration with the clinician and ATP team. Therefore, language must ensure that self-repair only applies to non-positioning and non-programmable items such as arm support pads, wheel locks, and batteries. Seating and postural support components (i.e., seat/back cushions, posture support devices) and programmable power seat and driving technology are examples of equipment that require the entire team's expertise, including the user. The CTF has partnered with various industry stakeholders and consumer groups to pass this language in Tennessee, and we are working in five other states to introduce this legislation utilizing this agreed-upon language.

The CTF members remain committed to collaborating on policy improvements that all stakeholders can support, and that will help patients with safe, quicker service and repairs. Our suggestion would strike the appropriate balance between allowing self-repair and improving access for sensitive clinical repairs while maintaining patient safety and ensuring FDA compliance. We urge the committee to adopt the -2 amendment to SB 550, which will expand repair access in a responsible, consumer-safe way."

Thank you for your attention to this matter; if you have any questions, please don't hesitate to contact me at 406-370-3689, or the email address below.

Sincerely,



Name: Tamara Kittelson, MS, OTR/L, ATP/SMS
Title: Executive Director
Clinician Task Force (CTF)
Email Address: tamara@posture24-7.org

