EVIDENCE REPORT

October 2018

Converge3

Integrating health, economic and equity evidence to inform policy

Regulation and Coverage of Assistive Devices in Eight High-Income Countries: Consolidation of Four Reports

North American Observatory on Health Systems and Policies

Report 1 (Canada): Peckham A, Kashef Al-Ghetaa R, Ho J, Marchildon G
Report 2 (Germany, Italy, Netherlands, Norway, United Kingdom): Panteli D, van Ginneken E, Fuchs S, Henschke C, Hjortland M, Kroneman M, Oliva G
Report 3 (Australia): Braithwaite J, Westbrook J, Nguyen A, Warwick M, Boyling C
Report 4 (New Zealand): Tenbensel T, Wilkinson-Meyers L, Shekhawat GS

About this Report

Converge3 commissioned the North American Observatory on Health Systems and Policy (NAO) to conduct reviews of regulation and coverage of assistive devices in Canada and a selection of other high-income countries. The NAO and its various partners produced four separate reports. We have consolidated those four reports into this single report and acknowledged the specific authors for each separate report herein. Converge3 receives funding from the Province of Ontario. The views expressed in these four consolidated reports are those of the authors and do not necessarily reflect those of Converge3 or the Province of Ontario.

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About Converge3

Converge3 is a policy research centre based in the Institute of Health Policy, Management and Evaluation at the University of Toronto, that focuses on integrating health, economic and equity evidence to inform policy. The Centre is funded by the Province of Ontario and includes multiple partner organizations, including Li Ka Shing Knowledge Institute at St. Michael's Hospital, McMaster University, Ottawa Hospital Research Institute, ICES, Health Quality Ontario, Public Health Ontario, and the Ministry of Health and Long-Term Care.

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Integrating health, economic and equity evidence to inform policy

Assistive Devices: Regulation and Coverage in Canada

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About this Report

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About the North American Observatory on Health Systems and Policies

The North American Observatory on Health Systems and Policies (NAO) is a collaborative partnership of interested researchers, health organizations, and governments promoting evidence-informed health system policy decision-making. Due to the high degree of health system decentralization in the United States and Canada, the NAO is committed to focusing attention on comparing health systems and policies at the provincial and state level in federations.

NORTH AMERICAN
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Introduction and Background

Assistive devices aim to provide individuals with tools that can support the management of their health and social needs. These devices are often used to support hospital discharge, maintain independence in the home, and to support active participation at home, work, and in the community (Mattison, Wilson, Wang & Waddell, 2017; McColl, Roberts, Miller & Smith, 2015). There are many terms and definitions used to describe assistive devices (Schrieber & Wang, 2017). For the purposes of this review the North American Observatory on Health Systems and Policies (NAO) have adopted the following definition used in the United States of America Assistive Technology Act 2004: "any item, piece of equipment, or product, whether acquired commercially, modified or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities" (Congress United States of America Government, 2004).

Given that the proportion of older adults in Canada is growing (Statistics Canada, 2014) and assistive devices usage increases with age (Statistics Canada, 2015), we can expect increased pressure for public funding and/or provision of assistive devices. Despite the acknowledged value of having access to assistive devices, the degree to which provinces and territories (P/T) publicly support such access varies. There are no national standards or approaches in Canada that set out how coverage decisions should be made, largely a consequence of assisted devices not being included as insured (hospital or medical) services under the Canada Health Act and therefore not part of universal health coverage under Canadian Medicare. As a consequence, the public funding or provision of assisted devices is set by federal, provincial and territorial governments acting alone, largely through extended health benefit programs. How decisions are made are then a result of two imperatives: the first a consequence of the democratic process where decisions are made on the basis of unique interest group pressures, politics and historical policies within individual jurisdictions; the second on the basis more technocrat recommendations through deliberate processes (e.g. health technology assessments) based on clinical and cost effectiveness analyses.

The purpose of this scan was to expand upon an existing literature review of funding models for assistive devices programs conducted by Ontario's Ministry of Health and Long-Term Care (MOHLTC) (Hayes et al. 2017) in October, 2017. The MOHLTC identified and reviewed four programs in four jurisdictions: *Alberta* Aids to Daily Living Program, Medical Equipment and Devices, *BC* Employment and Assistance Program, *Saskatchewan* Aids to Independent living program, and *Ontario's* Assistive Devices Programs.

This report had two objectives:

- to identify all Canadian jurisdictions that offer publicly supported assistive devices programs; and
- to identify program characteristics, including: program mandates, eligibility criteria, types of devices included/excluded, how decisions to include/exclude are made, the funding mechanisms used (private insurance, user fees, public insurance, a mix), and how the funding approaches are decided.

Methods

For this review we employed a two-phase approach:

Phase 1

Phase one involved a broad scan to identify Canadian jurisdictions that have public programs that offer extended health benefits (access to assistive devices and related technologies) to its residents. This phase was guided by AGE-WELL's (Aging Gracefully across Environments using Technology to Support Wellness Engagement and Long-Life Network of Centres of Excellence, Incorporated) June 2017 report (Schrieber & Wang, 2017). The AGE-WELL NCE report was a scoping review of government (federal, provincial and territorial) assistive device programs and charitable organization programs. We relied on the AGE-WELL NCE report to initially identify existing P/T programs then we consulted the program's websites to confirm that these programs were still in operation. Additionally, we reviewed provincial and territorial government websites to identify whether there were any additional programs that were not reviewed in the AGE-WELL report.

Phase 2

Phase two involved an in-depth assessment of the public programs identified in phase one. This phase aimed to expand on the MOHLTC's October, 2017 literature review. We conducted a review of programs in operation in February, 2018, which included a keywords search of grey literature, secondary literature, internet-based sources. We used the name of the program and the following terms: "assistive device" AND "assistive product" AND "assistive technology" AND "funding" AND "eligibility" AND "extended health benefits" AND "mobility devices" OR "mobility aids". The following databases/websites were searched (without date limitations):

1. Grey Literature
    - Program websites
    - Government websites
2. Secondary Literature
    - Medline
    - Google Scholar
    - CINAHL
3. Internet Search
    - Google

This review also included, where possible, brief interviews with key informants. Based on the objectives of this review we broke our analysis down into four main categories to understand how Canadian jurisdictions structure, administer, and fund publicly managed assistive device programs. Within each category, we aimed to identify specific features of the program, as detailed below.

1. **Mandate of AD programs**: what is the governing legislation; and who administers the program (e.g., provincial government, regional authorities, a combination of government and delegated third parties including charitable organizations)?

2. **Eligibility criteria:** who is eligible to benefit from these programs (e.g., age, medical conditions assessments, living arrangements, financial status, access to private funding); and where does the administrative burden fall?
3. **Devices Included:** what types of devices are covered under the program (mobility aids; household aids; respiratory aids; and audio, visual, and communication aids); and how are decisions made in terms of what devices should be included/excluded?
4. **Coverage**: is there full or partial coverage; are the ADs loaned; what is the service/product support approaches (rented devices, reimbursement strategies, deposits); and how are the coverage approaches determined?

To identify the governing legislation for the programs, we used the information found in the AGE-WELL report's (appendix 2) tables of provincial and territorial programs (Schrieber & Wang, 2017).

The coverage of devices was broken down into the four distinct categories where we expected the cost of public coverage and support to be high:

- Mobility aids include such things as wheel chairs, walkers, and crutches.
- Household aids refers to such things as hospital beds, stair lifts, bathroom devices, and transfer lifts.
- Respiratory aids refer to such things as continuous positive airway pressure (CPAP) machines and oxygen support.
- Audio, Visual, and communication aids include bone anchored hearing aids, adaptive telephones, and reading and writing devices.

Analytic Overview

We applied the above criteria to our scan of assistive devices programs in 13 P/T jurisdictions (see appendix A). These criteria allowed us to assess the various strategies Canadian jurisdictions use to structure, administer, and fund assistive devices programs. Each jurisdiction was found to have at least one publicly supported assistive devices program (see appendix A for details).

Mandate and Accountability

All jurisdictions have governing legislation surrounding the assistive devices programs (although our review could not determine what legislation Nunavut uses for their extended health benefits programs). It is helpful to understand which laws might impact public assistive device programming since approaches to coverage have been shaped by health and/or disability policy regimes. Most jurisdictions rely on their assistive devices programs to be administered by provincial departments. There are two exceptions. In Manitoba, regional health authorities administer the 'Supplies and Equipment' program offered under the auspices of Manitoba Health—Seniors and Active Living branch. Manitoba's program falls within their home and community care services sector to offer individuals with resources to support independent living within the home—providing mostly household aids to eligible recipients (refer to table 2 and 3 for additional details). The government of Newfoundland and Labrador similarly engages its regional health authorities to deliver a provincial audiology program.

Table 1: Mandate and Accountability

Category / Province	Governing Legislation	Provincially Administered	Regionally Administered	Combination of Government and Charitable Organization Administered
Alberta	X	X		
British Columbia	X	X		
Manitoba	X		X	
New Brunswick	X	X		X
Newfoundland and Labrador	X	X	X	
Nova Scotia	X	X		X
Ontario	X	X		
Prince Edward Island	X	X		X
Quebec	X	X		
Saskatchewan	X	X		
Northwest Territories	X	X		X
Nunavut	**	X		
Yukon	X	X		

** Based on the rapid review of secondary and grey sources this could not be unquestionably determined

Some jurisdictions rely on support from charitable organizations to administer programs: New Brunswick's recycling and rehabilitation program extensively involves Easter Seals New Brunswick where the majority of administrative burden seems to fall; in some cases Nova Scotia's Disability Support Program is administered by Easter Seals Nova Scotia; in addition, Nova Scotia's Health Equipment Loan program involves a collaborative effort between the Department of Health and Wellness and the Canadian Red Cross Nova Scotia with a similar collaboration between PEI's health department and PEI Red Cross for equipment loans; and in Northwest Territories, the health department delegates the administration of its supplementary health benefits for seniors through the Alberta Blue Cross.

Which ministries administer each of the jurisdictional programs and the legislation associated with the jurisdictional programs are presented in appendix B.

Eligibility

The eligibility of programs varied across P/T. Based on the review it appears that all jurisdictions require a health assessment of client needs and some programs require a health professional to apply on the clients' behalf. Based on the review, five jurisdictions (British Columbia, New Brunswick, Quebec, Saskatchewan, Northwest Territories) explicitly highlighted that if an individual was receiving support from another benefit program that they are not eligible for additional assistive devices programs. Many jurisdictions limit eligibility around specific diseases, most commonly when a jurisdiction has a visual or hearing program outside that of a general medical devices program. In these cases, the eligibility requirements would include hearing or vision impairment to a certain degree. Other jurisdictions like Nunavut and the Yukon link eligibility to specific chronic diseases (with the lists being quite exhaustive).

Age as a requirement was common for about half of the jurisdictions although these requirements vary considerably. Nova Scotia's Wheelchair Recycling program is limited to those under 65, the Seniors Community Wheelchair Loan Program and Medication Dispenser Assistive Technology program are for those 65 and over. Prince Edward Island Disability Support Program provides support for those under 65. For those 65 and above, Prince Edward Island does not appear to have a government sponsored program but does have an equipment loan program run by the Red Cross. Quebec's Aides Techniques program is available for those 18 and over and the Physical Impairment Device Program appears to be open to all ages. The Northwest Territories have a Supplementary Health Benefits program for persons 60 years or over. Nunavut offers an Extended Health Benefits program for Specified Conditions which is available for those under 65 and an Extended Health Benefits Program for Seniors (65+). Interestingly, Yukon offers an Extended Care Benefits program to Seniors 65+ but also to those 60+ so long as they are married to a Yukon resident who is 65 years or older.

Income was used as an eligibility restriction for six of the 13 jurisdictions. British Columbia requires clients to be a part of the general and health supplements programs which provides supports to recipients on income assistance. Similarly, New Brunswick offers support to individuals who have special needs and qualify for family income security. Nova Scotia and Newfoundland and Labrador programs require proof of financial need. Ontario also has a financial requirement for an individual to be considered eligible for the Ontario Disability Support Program – Benefits and Extended Health Benefits program.

Only three jurisdictions specify that health conditions need to be 'long-term' (Nova Scotia defines this as having a need or a condition that is expected to last at minimum longer than 90 days–but Ontario and Alberta setting a minimum threshold of 6 months) before an individual is deemed eligible for the programs.

Where an individual lives affected eligibility status for programs in four jurisdictions. Most commonly individuals were required to be living in the community (not incarcerated, not hospitalized, not in facility-based long-term care) in order for them to be eligible.

Table 2: Eligibility Criteria

Category / Province	Medical or Health Assessment	Age	Income	Disease	Long-Term Condition	Living Arrangement	Non-enrollment in other benefit programs
Alberta	X				X		
British Columbia	X		X	X		X	X
Manitoba	X					X	
New Brunswick	X		X	X			X
Newfoundland and Labrador	X		X	X			
Nova Scotia	X	X	X		X	X	
Ontario	X		X		X		
Prince Edward Island	X	X				X	
Quebec	X	X		X			X
Saskatchewan	X			X			X
Northwest Territories	X	X		X			X
Nunavut	X	X		X			
Yukon	X	X		X			

Devices Included

Regulatory approval must be granted at the federal level in order for assistive devices to be sold in Canada. Once approved, assistive devices vendors have to apply to each of the P/T's assistive devices programs to have a device listed as one of the publicly funded devices (with each P/T having different application procedures). Based on this review the specifics of this process was unclear for most jurisdictions.

We placed assistive devices into 4 distinct categories where the cost of purchasing would be high (as discussed in the methods). All jurisdictions offer mobility aids. Newfoundland and Labrador's Medical Equipment and Supplies program offers access to incontinent supplies. However, whether it offers access to other household aids could not be identified through this review.

All jurisdictions offered access to wheelchairs – some jurisdictions specify only manual wheelchairs (Yukon) and others specify both manual and electric (Alberta, British Columbia, New Brunswick, Northwest Territories, Nova Scotia and Yukon). Ontario does not cover household aids and New Brunswick being the only jurisdiction to explicitly state that stair lifts are excluded.

There were five jurisdictions (British Columbia, Manitoba, Ontario, Saskatchewan, and Yukon) that clearly listed hospital beds as a funded device. Lifts to assist with transfers (ceiling mounted, bath lifts) were included as approved devices in three jurisdictions (New Brunswick, Ontario, and Saskatchewan).

Table 3: Devices Included

Category / Province	Mobility Aids	Household Aids	Respiratory Aids	Audio, Visual, and Communication Aids
Alberta	X	X	X	X
British Columbia	X	X	X	X
Manitoba	X	X		X
New Brunswick	X	X		X
Newfoundland and Labrador	X		X	X
Nova Scotia	X	X	X	X
Ontario	X	X	X	X
Prince Edward Island	X	X		X
Quebec	X	X		X
Saskatchewan	X	X	X	X
Northwest Territories	X	X	X	X
Nunavut	X	X	X	X
Yukon	X	X	X	X

Coverage

Manitoba, Saskatchewan, and New Brunswick offer fully funded assistive devices programs where devices are loaned from a pool. If devices are not available from the pool, they may be purchased and reimbursement provided. New Brunswick and Northwest Territories clearly indicate payer of last resort – meaning that devices will only be funded if individuals are not covered by any other supplementary health benefit plan, agency, or private insurance plans. Alberta, British Columbia, and Yukon also had similar clauses stating if a client had access to other programs or private insurance they would not be eligible for the publicly supported assistive devices programs. Within jurisdictions there are differences in program coverage, whether or not a device is fully covered is program specific (and even within a program can be device specific). Each jurisdiction offers different approaches to coverage. A program may offer full support for some devices or require some form of cost sharing (e.g. co-payment) for other devices.

Table 4: Coverage

Category / Province	Full Coverage?	Partial Coverage?	Government payer of last resort?	Loaned Devices? (deposit, rental fee)	Tax Deductions?
Federally					Y (Medical expense and disability tax credits)
Alberta	X (for low-income persons)	X	X		
British Columbia	X	X	X		
Manitoba	X			X	
New Brunswick	X			X	
Newfoundland and Labrador	X	X			
Nova Scotia	X	X		X	
Ontario	X	X			
Prince Edward Island		X			
Quebec	X	X		X	
Saskatchewan	X	X		X	
Northwest Territories	X		X		
Nunavut	X				
Yukon	X	X	X		

Conclusion

All jurisdictions appear to have governing legislation for the public support of assistive devices, principally as part of extended health benefit programs. Most jurisdictions – the exceptions are Manitoba and New Brunswick – have clear provincial roles with respect to administering the programs. Interestingly Manitoba appears to be the only jurisdiction that delegates the questions of coverage and provision for assisted devices to regional health authorities while New Brunswick in their recycling program delegates the administration of public coverage and provision of assisted devices to a private charitable organization.

Eligibility appears to be quite variable across and within jurisdictions, with different programs targeting different age categories, financial need levels, and disease categories.

In terms of which devices were selected to be included, all jurisdictions offered mobility aids (wheel chairs, walkers, crutches), all program websites, other than Manitoba, specifically noted access to wheelchairs. Many jurisdictions provide access to either electronic or manual wheelchairs (Alberta, British Columbia, Nova Scotia, and New Brunswick).

Coverage was relatively similar across jurisdictions. Most offered full coverage for a variety of their publicly available programs, some were based on assessed financial need. Only five jurisdictions (Alberta, British Columbia, New Brunswick, Northwest Territories, and Yukon) highlighted explicitly that the government was payer of last resort and clients were to exhaust all other options before being considered eligible for the publicly administered assistive devices programs.

Appendix: Provincial and Territorial Programs

Table 1: Alberta

PROGRAM	MANDATE OF PROGRAM	ELIGABILITY CRITERIA	ASSISTIVE DEVICES INCLUDED AND EXCLUDED	FUNDING MIX
Alberta Aids to Daily Living Program (AADL) http://www.health.alberta.ca/services/aids-to-daily-living.html	The program was established in 1980 and is currently under the mandate of Alberta Health. The program offers basic medical equipment and supplies to support residents of Alberta that suffer from long-term disability, chronic illness or terminal illness maintain their independent living. The program is governed by the following acts: *Public Health Act, RSA 2000, c P-37* *Alberta Aids to Daily Living and Extended*	To be eligible for the program, the resident must: • Hold a valid Alberta Health Care Insurance Plan card. • In the need of assistance due to a long-term disability, chronic illness or terminal illness for six months or longer. • Every applicant is required to obtain an assessment by an AADL authorized health care professional or an AADL preapproved vendor for assessment based on the device.	What's included: • Amplification Devices • Musculoskeletal Supports (Hernia abdominal and back supports) • Large and small bathing and toileting equipment • Burn garments Compression stockings • Custom-made footwear • Custom-made ocular prostheses • Homecare beds and accessories* • Incontinence supplies (diapers and catheters) • Injection supplies (not provided for insulin	There are different funding methods. Some devices are fully funded by Alberta Health and others are cost-shared. Some equipment are also eligible for recycling. Residents of Alberta are responsible for paying 25% of the cost or up to $500 annually per individual or family. Low-income residents and Albertans receiving income assistance are exempt from covering any of the cost. Prosthetic, orthotic, mastectomy prosthesis and eye prosthesis benefits received through

	Health Benefits Regulation, Alta Reg 236/1985		injections) • Laryngectomy equipment and supplies • Breast prostheses • Orthotic braces (not foot orthotics) • Ostomy supplies • Oxygen • Patient Lifters* • Pressure reduction overlays • Prosthetic devices; • Respiratory equipment* • Shoe elevations; • Specialized pediatric equipment* • Specialized seating devices • Therapeutic Footwear • Transfer Aids • Walkers and walking aids • Wheelchair cushions and accessories • Wheelchairs, manual and power • Vision aids – Administered by CNIB * Equipment received may be recycled	AADL program are at no cost to senior clients. Residents receiving benefits from another government program are not eligible for funding under AADL.

			What's excluded: • Foot orthotics • Eyeglasses • Prescription drugs • Dental care or dentures. Alberta Health has standard contracts with the vendors that outline the scope of the benefits. The inclusion and exclusion criteria for the products are determined by Alberta Health based on the evaluation of the product. In certain situations, meetings are held between Alberta Health and the vendors to review the benefits of the products.	

References

Government of Alberta. (2017). Alberta Health, Alberta Aids to Daily Living: General Policy & Procedures Manual. Retrieved February 23, 2018, from https://open.alberta.ca/dataset/8476d5ff-7280-495f-a858-f14286566406/resource/0b2d2918-5660-4af5-b5ed-1b844bc5fb22/download/AADL-Policy-Procedures.pdf

Government of Alberta. (2018). Alberta Health, Alberta Aids to Daily Living. Retrieved February 23, 2018, from http://www.health.alberta.ca/services/aids-to-daily-living.html

Table 2: British Columbia

PROGRAM	MANDATE OF PROGRAM	ELIGABILITY CRITERIA	ASSISTIVE DEVICES INCLUDED AND EXCLUDED	FUNDING MIX
Ministry of Social Development and Social Innovation British Columbia (BC) - Employment and Assistance (BCEA) – Medical Equipment and Devices https://www2.gov.bc.ca/gov/content/governments/policies-for-government/bcea-policy-and-procedure-manual/health-supplements-and-programs/medical-equipment-and-devices	Information about when program was established was not found. The program is under the mandate of the Ministry of Social Development and Social Innovation BC. The program is governed by the following Regulations and Acts: *the Employment and Assistance Regulation* *the Employment and Assistance for Persons with Disabilities Regulation.* *Employment and Assistance for Persons with Disabilities Act, SBC 2002, c 41* *Employment and Assistance for Persons with Disabilities*	To be eligible for funding, the client must be: Eligible for General Health Supplements as provided by the Ministry of Social Development and Poverty Reduction which provides health assistant to residents eligible and receiving: income assistance, hardship assistance, and disability assistance. Residents that are not eligible for income assistance, hardship assistance and disability assistance are also eligible for funding. A recipient of BC Employment and Assistance. The client will be considered ineligible if he or she is eligible to access medical equipment,	What's included: • Canes • Crutches • Walkers • Manual and power • Wheelchairs • Wheelchair seating systems • Scooters • Toileting, transfers, and • positioning aids • Hospital beds and related • items • Pressure relief mattresses • Floor or ceiling lift devices • Positive airway pressure • devices • Apnea monitors • Suction units • Percussors • Nebulizers • Medical humidifiers • Inhaler accessory	There are different funding methods. Some devices are fully funded by the ministry and others are cost-shared. The client must exhaust all options before requesting funding from the ministry. Cost-Shared: if the client is able to find partial funding aside from the ministry, in this situation, cost-sharing becomes an option.

	Regulation, BC Reg 265/2002 , (Employment and Assistance for Persons with Disabilities Act)	medical supplies, or medical transportation. The client is also ineligible if he or she is living in a Ministry of Health funded facility which normally funds medical equipment. Every applicant is required to obtain an assessment by a medical practitioner or nurse practitioner as well as a relevant therapist (e.g., occupational, physical, or respiratory therapist) for confirmation.	devices • Non-conventional glucose • metres. What's excluded: • Walking poles • Strollers • High performance wheelchair for recreational or sports use • Scooters intended primarily for recreational or sports use • Automatic turning beds • Containment type beds • Ventilators • Lift chairs Information about the decision making process on how devices are included and excluded from the program was not found.	
Ministry of Social Development and Social Innovation BC - Employment and Assistance (BCEA) -	Information about when program was established was not found. The program is under tha	To be eligible for funding, the client must be: Eligible for General Health Supplements as provided	What's included: • Hearing instruments bone anchored hearing aids • Cochlear implants	There are different funding methods. Some devices are fully funded by the ministry and others

Medical Equipment – Hearing Instruments https://www2.gov.bc.ca/gov/content/governments/policies-for-government/bcea-policy-and-procedure-manual/health-supplements-and-programs/medical-equipment-hearing-instruments	mandate of the Ministry of Social Development and Social Innovation BC. The program is governed by the following Regulations and Acts: *the Employment and Assistance Regulation* *the Employment and Assistance for Persons with Disabilities Regulation.* *Employment and Assistance for Persons with Disabilities Act, SBC 2002, c 41* *Employment and Assistance for Persons with Disabilities Regulation, BC Reg 265/2002 , (Employment and Assistance for Persons with Disabilities Act)*	by the Ministry of Social Development and Poverty Reduction which provides health assistant to residents eligible and receiving: income assistance, hardship assistance, and disability assistance. Residents that are not eligible for income assistance, hardship assistance and disability assistance are also eligible for funding. A parents of a hard of hearing dependent child. Dependent children of families eligible to receive premium assistance through Medical Services Plan The client is part of a ministry-approved training and his or her disability is considered a direct barrier to employment in the opinion of the Supervisor. The client is registered with the Canadian National Institute for the	• Some services such repairs and battery replacements, may be provided either through the regional health authority or through private service providers. What's excluded: Information was not found. Information about the decision making process on how devices are included and excluded from the program was not found.	are cost-shared. The client must exhaust all options before requesting funding from the ministry.

		Blind (CNIB) and are hard of hearing. A client with a hearing impairment who is also a single parent of an an adult with a cognitive impairment.		
Ministry of Social Development and Social Innovation BC - Employment and Assistance (BCEA) - Medical Equipment – Orthoses https://www2.gov.bc.ca/gov/content/governments/policies-for-government/bcea-policy-and-procedure-manual/health-supplements-and-programs/medical-equipment-orthoses	Information about when program was established was not found. The program is under the mandate of the Ministry of Social Development and Social Innovation BC. The client must find the least expensive equipment that provide basic needs. The program is governed by the following Regulations and Acts: *the Employment and Assistance Regulation* *the Employment and Assistance for Persons with Disabilities Regulation.* *Employment and*	To be eligible for funding, the client must be: Eligible for General Health Supplements as provided by the Ministry of Social Development and Poverty Reduction which provides health assistant to residents eligible and receiving: income assistance, hardship assistance, and disability assistance. Residents that are not eligible for income assistance, hardship assistance and disability assistance are also eligible for funding. Living in Ministry of Health funded residential care facilities.	What included: • Custom-made foot orthotic • Off-the-shelf orthopaedic footwear • Custom-made footwear • off-the-shelf • Off-the-shelf footwear Permanent modification to footwear • Ankle brace • Ankle-foot orthosis • Knee-ankle-foot orthosis • Knee brace • Hip brace • Upper extremity brace • Cranial helmet • Torso or spine brace • Foot abduction orthosis • Toe orthosis • Orthosis accessories and supplies	There are different funding methods. Some devices are fully funded by the ministry and others are cost-shared. The client must exhaust all options before requesting funding from the ministry. Co-funding may be considered when other resources do not cover the full cost.

	Assistance for Persons with Disabilities Act, SBC 2002, c 41 *Employment and Assistance for Persons with Disabilities Regulation, BC Reg 265/2002 , (Employment and Assistance for Persons with Disabilities Act)*		What's excluded • Prosthetic and related supplies • Plaster or fibreglass cast • Hernia support • Abdominal support • Walking boot for a fracture Information about the decision making process on how devices are included and excluded from the program was not found.	

References

Government of British Columbia. (2018). BCEA Policy & Procedure Manual: Health Supplements & Programs—Medical Equipment & Devices. Retrieved February 23, 2018, from https://www2.gov.bc.ca/gov/content/governments/policies-for-government/bcea-policy-and-procedure-manual/health-supplements-and-programs/medical-equipment-and-devices

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Table 3: Manitoba

PROGRAM	MANDATE OF PROGRAM	ELIGABILITY CRITERIA	ASSISTIVE DEVICES INCLUDED AND EXCLUDED	FUNDING MIX
Home Care Services - Supplies and Equipment (under the umbrella of Manitoba Health, Seniors and Active Living) https://www.gov.mb.ca/health/homecare/	Information about when the program was established was not found. The program is under the mandate of the Regional Health Authorities. The main purpose of the program is to provide the necessary support to help individuals that require health assistance continue to live at their homes as safely as possible The program is governed by the following Acts: *The Health Services Insurance Act, CCSM c. H35* *Prosthetic, Orthotic and other Medical Devices Insurance Regulation, Man Reg 53/93, (Health Services Insurance Act)*	To be eligible for funding, a Manitoba resident must be: Registered with Manitoba Health, Healthy Living and Seniors. In need of health services or support to maintain daily living and in need of assistance to continue living at home. The services required by the client must not be covered existing supports and community resources. The client must receive assessment by home care case co-ordinators	What's included: • Hospital beds and mattresses • Hospital bed accessories • Pressure relief mattresses and cushions • Commodes • Transfer devices and aids • Wheelchair cushions and back supports • Aids to daily living – e.g. cooking aids, eating and bathing aids, bathroom safety equipment, grab bars, dressing aids, hearing aid batteries, cane, crutches, walkers What's excluded: Information not found. There is currently no standard process to include, exclude or modify the list of equipment.	Devices are fully funded by the program. There is a pool available to allow loaning of devices. All devices must be loaned or purchased from Manitoba's Materials Distribution Agency Medical Products Catalogue. If the device is not available in the loaning pool, the government will assist in purchasing the device.

	The Excluded Services Regulation, Man Reg 46/9 , (Health Services Insurance Act)		Information about the decision making process on how devices are included and excluded from the program was not found.	

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Table 4: New Brunswick

PROGRAM	MANDATE OF PROGRAM	ELIGABILITY CRITERIA	ASSISTIVE DEVICES INCLUDED AND EXCLUDED	FUNDING MIX
Department of Social Development – Health Services (The Recycling Program) http://www2.gnb.ca/content/dam/gnb/Departments/sd-ds/pdf/HealthServices/Recycling-e.pdf **Convalescent / Rehabilitation Program** http://www2.gnb.ca/content/gnb/en/services/services_renderer.8015.Health_Services_Convalescent__Rehabilitation_Program_.html	Information about when the program was established was not found. Falls under the mandate of the Easter Seals New Brunswick and the Health Services Program of the Department of Social Development. The main purpose of the program is to support eligible clients purchase and maintain necessary rehabilitation items and services that cannot otherwise be funded by other agencies or private health insurance plans. The program is governed by the following Acts: *Health Services Act, SNB 2014, c 112* *General Regulation, NB Reg 84-115*	To be eligible for funding, the client must be: • A client of this ministry. • An Individual with special health needs and eligible for health assistance under Section 4.4 of the Family Income Security Act and Regulations. And must have one of the following: • A valid white Health Services Card that contains the word "SUPPLEMENTARY" under the BASIC HEALTH ELIGIBILITY section, or "HA." (Hearing Aid) in the ADDITIONAL HEALTH ELIGIBILITY section. OR • A valid yellow Health Services card with a "Y"	What's included: • Walkers, gait trainers • Raised toilet seats, reducer rings, toilet risers, toilet safety frame, commodes, tub transfer bench, bath benches and chairs, hand held showers, bath lifts, shower commodes • Arco rail, M-rail, Smart rail, trapeze bar, grab bars, wall mounted supports, super poles, supine stander, prone stander, hydraulic standing frame • Transfer boards, disc and belts, standing transfer aid, portable manual lift, power patient lifts, ceiling mounted lifts, slings • Medical helmets, pressure relief cushions outside a wheelchair • Hospital/Home care beds • Reactive and active support surfaces (for pressure reduction)	Devices are fully funded by the program. There is a pool available to allow loaning of devices. If the device is not available in the loaning pool, the government will assist in purchasing the device. The government is the sole owner of the devices. Easter Seals recycle and provide devices to the clients. Devices funded under this program must not be funded under any other agency, or insurance plan. Eligibility of equipment under this program is once every 5 years and maintenance is monthly.

	Family Income Security Act, SNB 1994, c F-2.01 General Regulation, NB Reg 95-61, (Family Income Security Act)	under the OTH in the VALID ONLY FOR box, or an "X" under SUPP in the VALID ONLY FOR box. Must receive assessment and determine the need with the help of a physiotherapist or occupational therapist. Must not be receiving coverage from other programs.	What's excluded: • Lift chairs • Stair lifts • Exercise equipment • Adaptive aids • Communication equipment • Wigs • Equipment required for short term use • Equipment that is not patient specific for clients in adult residential facilities Information about the decision making process on how devices are included and excluded from the program was not found.	
Department of Social Development – Health Services **Hearing Aid Program** http://www2.gnb.ca/content/gnb/en/services/services_renderer.8035.html	Information about when the program was established was not found. Falls under the mandate of the Health Services Program of the Department of Social Development. The main purpose of the	To be eligible for funding, the client must be: • A client of this ministry. • An Individual with special health needs and eligible for health assistance under Section 4.4 of the Family Income Security Act and	What's included: • Behind the Ear (BTE), In the Ear (ITE) and In the Canal (ITC) hearing aids • Repairs & ear molds What's excluded: • CIC, BAHA or BI-CROS hearing aids • Personal FM systems • Cochlear implants	Devices are fully funded by the program. Devices funded under this program must not be funded under any other agency, or insurance plan. Hearing Aids are eligible once every 5 years. Repairs are eligible as

	program is to support eligible clients purchase and maintain necessary hearing aids and services that cannot otherwise be funded by other agencies or private health insurance plans. The program is governed by the following Acts: *Health Services Act, SNB 2014, c 112* *General Regulation, NB Reg 84-115* *Family Income Security Act, SNB 1994, c F-2.01* *General Regulation, NB Reg 95-61 , (Family Income Security Act)*	Regulations. And must have one of the following: • A valid white Health Services Card that contains the word "SUPPLEMENTARY" under the BASIC HEALTH ELIGIBILITY section, or "HA." (Hearing Aid) in the ADDITIONAL HEALTH ELIGIBILITY section. OR • A valid yellow Health Services card with a "Y" under the OTH in the VALID ONLY FOR box, or an "X" under SUPP in the VALID ONLY FOR box. Must receive assessment and determine the need with the help of a physiotherapist or occupational therapist. Must not be receiving coverage from other programs.	• Hearing aids for cochlear implants • Batteries for hearing aids or cochlear implants • Hooks, filters or tubing • Convenience options such as T-coil, directional microphone, etc. • Cleaning/drying • Pocket Talkers • Hearing tests or evaluations Information about the decision making process on how devices are included and excluded from the program was not found.	required once the manufacturer's warranty expires. Ear molds are eligible for funding once a year for adults and twice a year for children. Hearing aid services are at no cost to clients. Government funding should always be the last resort for clients.
Department of Social Development – Health	Information about when the program was	To be eligible for funding, the client must be:	What's included: • Specific custom fitted	Devices are fully funded

Services **Orthopedic Program** http://www2.gnb.ca/content/gnb/en/services/services_renderer.8155.html	established was not found Administered by the Department of Social Development This program assists clients of this department with the coverage of orthopedic items which are not covered by other agencies or private health insurance plans. *Health Services Act, SNB 2014, c 112* *General Regulation, NB Reg 84-115* *Family Income Security Act, SNB 1994, c F-2.01 General Regulation, NB Reg 95-61 , (Family Income Security Act)* Information about when the program was established was not found. Falls under the mandate of the Easter Seals New Brunswick and the Health Services Program of the Department of Social	• A client of this ministry. • An Individual with special health needs and eligible for health assistance under Section 4.4 of the Family Income Security Act and Regulations. And must have one of the following: • A valid white Health Services Card that contains the word "SUPPLEMENTARY" under the BASIC HEALTH ELIGIBILITY section, or "Orthopedic" in the ADDITIONAL HEALTH ELIGIBILITY section. OR • A valid yellow Health Services card with a "Y" under the OTH in the VALID ONLY FOR box, or an "X" under SUPP in the VALID ONLY FOR box. Must receive assessment and determine the need	braces and supports • Custom made braces • Therapeutic and Orthopedic design footwear • Custom made shoes and insoles • Modifications & Repairs What's excluded: • Support bras • Cervical pillows • Soft or unfitted supports and braces • Non-custom insoles • Non-custom wrist braces and splints braces and supports for short term use • Braces and supports for sports purposes Information about the decision making process on how devices are included and excluded from the program was not found.	by the program. There is a limit on the maximum payable amount for prescribed orthosis. Devices funded under this program must not be funded under any other agency, or insurance plan. Most items are eligible for funding once every 2 years for adults and once a year for children. Modifications and repairs are paid as required Orthopedic services are at no cost to clients.

	Development. The main purpose of the program is to support eligible clients purchase and maintain necessary orthopedic items that cannot otherwise be funded by other agencies or private health insurance plans. The program is governed by the following Acts: *Health Services Act, SNB 2014, c 112* *General Regulation, NB Reg 84-115* *Family Income Security Act, SNB 1994, c F-2.01* *General Regulation, NB Reg 95-61, (Family Income Security Act)*	with the help of a physiotherapist or occupational therapist. Must not be receiving coverage from other programs.		

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Table 5: Newfoundland and Labrador

PROGRAM	MANDATE OF PROGRAM	ELIGABILITY CRITERIA	ASSISTIVE DEVICES INCLUDED AND EXCLUDED	FUNDING MIX
Department of Health and Community Services - Special Assistance Program – Medical equipment and supplies http://www.health.gov.nl.ca/health/personsdisabilities/fundingprograms_hcs.html - sap	Information about when the program was established was not found The program falls under the mandate of the Department of Health and Community Services and the Department of Advanced Education and Skills (AES) The program assist individuals obtain the necessary equipment to help them continue their daily activities. Program is not under a legislative framework.	To be eligible for funding, the client must demonstrate a financial need and demonstrate the need for the device for a period of at least 3 months.	What's included: • medical supplies (such as dressings, catheters and incontinent supplies), • oxygen and related equipment and supplies, • Orthotics such as braces and burn garments • Equipment such as wheelchairs, commodes or walkers What excluded: information was not found Information about the decision making process on how devices are included and excluded from the program was not found.	Devices are either fully funded or cost-shared depending on the financial need of the client.
Department of Advanced Education, Skills and Labour (AES) – Income Support – Hearing Aid program	Information about when the program was established was not found The program falls under	Eligible beneficiaries are: - Children age 17 and under. - Post-secondary students over the age of 17.	What's included: • hearing aids What excluded: • Hearing aid batteries	Funding/coverage not clear. Applicants with private insurance plans may be

http://www.aesl.gov.nl.ca/policymanual/pdf/is/health_hearing_aids.pdf **Joint with the Department of Health and Community Services**	the mandate of the Department of Advanced Education Skills and Labour and the Department of Health and Community Services and the Janeway Child Health Centre of the Eastern Regional Health Authority The program is governed by the following Acts: *Income and Employment Support Act, SNL 2002, c I-0.1* *Income and Employment Support Regulations, NLR 144/04*	- Adults classified by the Department of Advanced Education and Skills as unable to pay Eligibility determined by Client Services Officer	and routine maintenance Information about the decision making process on how devices are included and excluded from the program was not found.	eligible for funding under this program.

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Table 6: Nova Scotia

PROGRAM	MANDATE OF PROGRAM	ELIGABILITY CRITERIA	ASSISTIVE DEVICES INCLUDED AND EXCLUDED	FUNDING MIX
Department of Community Services – Disability Support Program (DSP) https://novascotia.ca/coms/disabilities/	Information about when the program was established was not found Falls under the mandate of the Department of Community Services and in certain cases it might be operated by the Easter Seals Nova Scotia (e.g. assessment and eligibility for funding if under 65 for certain medical devices) The program is geared towards providing support to children, youth and adults with intellectual disabilities, long-term mental illness and physical disabilities in a range of community-based, residential and vocational/day programs. The program is governed by the following Acts: *Social Assistance Act, RSNS*	The program is geared towards providing support to children, youth and adults with intellectual disabilities, long-term mental illness and physical disabilities in a range of community-based, residential and vocational/day programs. (Glossary of Terms is located within the DSP Policy https://novascotia.ca/coms/disabilities/documents/Disability_Support_Program_Policies.pdf) - Intellectual disability - Long-term mental illness - Physical disability - Medical assessment/physician report; financial assessment (see DSP Financial Eligibility Policy)	What's included: • Foot care and Podiatry: approval is based on recommendation by a Health Care provider demonstrating absolute need for an economically sound equipment. • Hearing Aids and Hearing Aid Batteries: approval is based on recommendation by an audiologist and a supervisor demonstrating absolute need for an economically sound equipment. • Medical Equipment: - Requests for wheelchairs and repairs for DSP participants under 65 are referred directly to Easter Seals Nova Scotia for assessment and eligibility for funding.	Foot care: the program funds actual cost given the most economically sound option (approved by Care Coordinator) Guide dog allowance: $90/month; routine vet care is $300 annually Orthotics: based on DSP approval levels

	1989, c 432 *Municipal Assistance Regulations, NS Reg 76/81 (Social Assistance Act)*		- Purchase of wheelchairs, inserts, and repairs for DSP participants 65 and over and the purchase, rental and repair of other types of medical equipment for all DSP participants, such as prosthetics, CPAP machines, walkers and crutches may be approached as a special need when: approval is based on recommendation by a Health Care provider demonstrating absolute need for an economically sound equipment. • Orthotics (customized orthotic shoes and orthotic meds/inserts): approval is based on recommendation by a Health Care provider demonstrating absolute need for an economically sound equipment. • Guide dog allowance: - Monthly allowance for a guide dog, and annual allowance for routine vet costs, when all other	

			available resources have been exhausted, if the dog is: provided to the participant through the support of a certified guide dog organization or school, with documentation outlining the provision of supports; and required by the participant due to their disability. - Non-routine expenses (e.g. surgeries, treatment for infections, special diets, euthanasia, and travel (room and board)) , maintenance of a retired guide dog are not covered. What's excluded: Information was not found Information about the decision making process on how devices are included and excluded from the program was not found.	
Department of Community Services – Disability Support Program (DSP)—Direct + Enhanced Family Support	Information about when the program was established was not found Falls under the mandate of	Eligibility for the DFSC is based on a family's finances. The guideline table is found here: https://novascotia.ca/com	What's included: Prosthetic appliance and other types of equipment (e.g., walkers, crutches recommended by a health	Fully funded

for Children Program (DFSC/EFSC)	the Department of Community Services The programs provide funding to families of children with disabilities to assist them with providing home support for the children. The funding covers services such as: services to assist with scheduled breaks for family care givers. The program is governed by the following Acts: *Social Assistance Act, RSNS 1989, c 432* *Municipal Assistance Regulations, NS Reg 76/81 (Social Assistance Act)*	s/disabilities/DFSCIncomeGuidelines.html Financial assessment is conducted by the Care coordinator to determine eligibility. An eligible child and their family whose funding needs exceed the maximum $2200 per month through DFSC may be eligible for funding under EFSC if thy meet additional eligibility criteria	care practitioner) What's excluded: Information was not found Information about the decision making process on how devices are included and excluded from the program was not found.	
Department of Community Services – Disability Support Program – Wheelchair Recycling Program https://novascotia.ca/com	Information about when the program was established was not found Falls under the mandate of the Department of Community Services and	Wheelchairs for children and adults with a net family income that falls within program guidelines. - Under 65 - Not have additional	What's included: Wheelchairs and seating equipment. What's excluded: Information was not found	Wheelchairs are loaned for as long as needed. Assessment, equipment repair (through Easter Seals Nova Scotia)

s/disabilities/WheelchairRecycling.html	the Abilities Foundation of Nova Scotia at Easter Seals Nova Scotia The program provides wheelchairs to first time children users or to children who have outgrown their current chair. The program is governed by the following Acts: *Social Assistance Act, RSNS 1989, c 432* *Municipal Assistance Regulations, NS Reg 76/81 (Social Assistance Act)*	coverage through public programs or private insurance - Permanent resident of Nova Scotia - Valid Nova Scotian health insurance number - Prescription from an OT or attending HCP - Provide co-payment amount (where applicable) to the retail supplier before receiving the wheelchair	Information about the decision making process on how devices are included and excluded from the program was not found.	covered. Co-payment depends on family income and number of immediate family members living in the household. Co-pay depends on age (under 18, vs 18-65) with an annual income of less than $21,000. See table on page 5: http://www.easterseals.ns.ca/uploads/539067894058cWheelchairs, form.pdf
Department of Health and Wellness - Continuing Care – Seniors Community Wheelchair Loan Program https://novascotia.ca/dhw/ccs/wheelchair-loan-program.asp	Information about when the program was established was not found The program falls under the mandate of the Department of Health and Wellness—Continuing Care. Provides new and recycled wheelchairs (manual and/or electric) to eligible residents of Nova Scotia.	To qualify: - Resident of NS with a valid NS health care number - 65+ at time of application - Have been assessed by an authorized health care provider (OT or PT) - Require assistance because of a long-term disability, chronic illness, or terminal illness; - Agree to sign a consent form for the safe and	What's included: Wheelchairs - new and recycled wheelchairs (manual and/or electric) and seated equipment What's excluded: Information was not found Information about the decision making process on how devices are included and excluded from the program was not	Recycled wheelchairs are loaned for as long as needed, or new wheelchair is funded. Assessment, maintenance costs, and general repairs are covered. No fees.

	The program is governed by: Legislative framework is potentially: *Health Authorities Act, SNS 2014, c 32* and *SNS 1990, c 6*	proper use of your wheelchair; - have a net annual income of $22,125 or less if single or $37,209 or less if married), and - Are not covered by other programs such as private insurance or other publicly funded organizations. Can retain wheelchair if transferred to long-term care, but a referral for reassessment will be initiated and service will be transferred to Specialized Equipment Program in long term care	found.	
Department of Health and Wellness - Continuing Care – Personal Alert Service https://novascotia.ca/dhw/ccs/personal-alert-service.asp	Information about when the program was established was not found Falls under the mandate of the Department of Health and Wellness—Continuing Care. The purpose of the program is to provide funding assistance to low-income seniors to help them stay independent at their homes and provide	To receive funding for personal alert services: - Be 65 years or older. - Be a Nova Scotia resident with valid Health Card. - Live alone and have an annual net income of less than $22,125. - Have a history of recent falls. - Use a cane, wheelchair or walker. -Have a requirement for Home Care Services that will extend beyond 90	What's included: Personal Alert Assistance: 24-hour personal support and emergency response system that when activated can directly connect individuals to a Response Centre which can contact the appropriate help. Personal Support Systems include two-way communicator devices (e.g. wrist band/pendant and unit connected by phone line).	Rental fees are cost-shared. The program provides up to $480/year to reimburse for the purchase of a personal alert assistance service. Assessment, 24-hour emergency support and alarm system covered. Approved cost includes start-up fees and monthly maintenance

	access to emergency help when required.	days. - Sign an agreement with the Department of Health and Wellness. Access to financial assistance for PAAP is based on availability of resources. Eligibility is determined by Continuing Care Coordinators (employee of District Health Authority)	What's excluded: Information was not found Information about the decision making process on how devices are included and excluded from the program was not found.	
Department of Health and Wellness - Continuing Care and Canadian Red Cross Nova Scotia - Health Equipment Loan Program (HELP) - Bed Loan Program https://novascotia.ca/dhw/ccs/policies/HELP_Program_Policy.pdf	Information about when the program was established was not found Falls under the mandate of the Department of Health and Wellness—Continuing Care and the Canadian Red Cross Nova Scotia. The purpose of the program is to provide access to a bed loan program for clients of Continuing Care residing in the community.	This policy applies to individuals living in the community, who have demonstrated a need for a hospital type bed system and who meet the criteria of the HELP-Bed Loan Program. Applicants eligible when following criteria have been met: - Resident of Nova Scotia, with a valid Nova Scotia health card; - Has a need for the equipment provided through the HELP-Bed Loan Program; - Is determined by	What's included: The bed system provided through the HELP-Bed Loan Program consists of: - fully electronic hospital type bed - foam pressure reduction mattress - full bed rail What's excluded: Information was not found Information about the decision making process on how devices are included and excluded from the program was not found.	No fees charged to Continuing Care clients for equipment provided through HELP-Bed Loan Program. Devices are loaned until no longer needed at no cost. Delivery, pick up and installation/assembly covered.

		Continuing Care to meet the requirements of the HELP-Bed Loan Program; - Be willing to take responsibility for the equipment in the home, or have an individual who is willing to do so.		
Department of Health and Wellness - Continuing Care and Canadian Red Cross Nova Scotia - Health Equipment Loan Program (HELP) - Specialized Equipment Program https://novascotia.ca/dhw/ccs/policies/policyManual/Guidelines_Specialized_Equipment_Program.pdf	Information about when the program was established was not found Falls under the mandate of the Department of Health and Wellness—Continuing Care and the Canadian Red Cross Nova Scotia The programs assists residents of long term care (LTC) facilities licensed or approved by the Department of Health (funder) access necessary equipment. The Program has a similar premise to the HELP program and the Bed Loan Program administered by the Canadian Red Cross, Nova Scotia Region	To access equipment through the HELP-Specialized Equipment Program an individual must meet the following criteria: - is a regular bed resident of a DoH licensed or approved long term care facility; and - requires equipment which is on the Covered Equipment list; and - is assessed by an OT or PT as requiring the specified equipment; and - have the request reviewed and approved by Continuing Care. Specialized equipment is not available through the program for Home Care clients or other individuals not meeting eligibility criteria.	What's included: - specialized mattresses and accessories; - resident specific, specialized bariatric beds; - power and manual wheelchairs, plus accessories; - resident specific specialized transfer aids (i.e.: sliding sheets, trapeze bars); - basic positioning chairs; and - customized 2 wheeled walkers with glide tips/skis and rollator walkers, plus accessories; - resident specific slings; and - bariatric commodes. What's excluded: Information was not found Information about the	Devices are loaned, may need to pay monthly fee, depending on income. Residents choosing alternate or upgraded items are responsible for the full cost of the equipment, including labour/maintenance to install upgraded items. Approved applicants may be required to pay a monthly income based fee for the equipment being provided through the HELP-Specialized Equipment Program. Red Cross will invoice the recipient for these applicable fees on a monthly basis. Applicants who are publicly assisted residents of Department of Health

			decision making process on how devices are included and excluded from the program was not found.	licensed or approved long term care are exempt from payment of fees.
Department of Health and Wellness - Continuing Care – Medication Dispenser Assistive Technology Program http://0-nsleg-edeposit.gov.ns.ca.legcat.gov.ns.ca/deposit/b1065981x.pdf	Information about when the program was established was not found Falls under the mandate of the Department of Health and Wellness—Continuing Care The main purpose of the program is to help clients manage their medication at home.	To receive funding for an automated medication dispenser, you must: - Be 65 years of age or older. - Be a Nova Scotia resident with a valid Health Card. - Have a net annual income of $22,003 or less if single / $37,004 or less if married). - Require prescription medication for more than 90 days. - Require reminders and/or active monitoring for your medication. - Agree to take your medication. - Have a medication review or be able to obtain one before getting a medication dispenser. - Explore other medication management options before applying for this program.	What's included: In-home Medication Dispenser Assistive Technology What's excluded: Information was not found Information about the decision making process on how devices are included and excluded from the program was not found.	Partially funded. The ministry provides $499/year to help with the purchase of an in-home automated medication dispenser.

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Table 7: Ontario

PROGRAM	MANDATE OF PROGRAM	ELIGABILITY CRITERIA	ASSISTIVE DEVICES INCLUDED AND EXCLUDED	FUNDING MIX
Ministry of Health and Long Term Care - Assistive Devices Program (ADP) http://www.health.gov.on.ca/en/pro/programs/adp/	Information about when the program was established was not found Falls under the mandate of the Ministry of Health and Long Term Care The purpose of the program is to enable individuals with permanent physical disability maintain their independence (Ontario Ministry of Health, 2016) The program is governed under the following Acts: *Ontario Disability Support Program Act, 1997, SO 1997, c 25, Sch B, General, O Reg 222/98, (Ontario Disability Support Program Act, 1997)* *Employment Supports, O Reg 223/98 , (Ontario Disability Support Program Act, 1997)*	To be eligible, an Ontario resident must have: • A valid Ontario Health card issued in their name • A physical disability of six months or longer. • Equipment cannot be required exclusively for sports, work or school. • The program does not cover feeds for equipment available under the Workplace Safety and Insurance Board or to Group "A" veterans for their pensioned benefits. There are specific eligibility criteria which apply to each device category. Medical assessment is required and devices must be purchased from an authorized vendor.	What included: ADP covers over 8,000 separate pieces of equipment or supplies in the following categories: • prostheses; wheelchairs/mobility aids and specialized seating systems; • monitors and test strips for insulin-dependent diabetics (through an agreement with the Canadian Diabetes Association); • Hearing aids and other devices • insulin pumps and supplies; • respiratory equipment; orthotic devices (braces), • pressure modification devices for burns and lymphedema (garments and pumps); • diabetes equipment and supplies	Cost shared 75% of the total cost of equipment for equipment such as: artificial limbs, orthopedic braces, wheelchairs and breathing aids. For other equipment such as hearing aids, the ADP contributes a fixed amount. With regard to ostomy supplies, breast prostheses and needles and syringes for seniors, the ADP pays a grant directly to the person. The Home Oxygen Program under ADP, pays 100 per cent of the ADP price for oxygen and related equipment for seniors 65 years of age or older and for individuals 64 years of age or younger who are on social assistance, residing in a long-term care facility or

	Ministry of Health and Long-Term Care Act, RSO 1990, c M.26		• replacement masks, headgear, etc. for continuous positive airway pressure (CPAP) machines • Artificial eyes and facial prosthetics • Orthotic braces, compression garments and lymphedema pumps • Prosthetic breasts or limbs • respiratory equipment and supplies • visual and communication aids; • home oxygen therapy. Grants are provided for ostomy supplies, enteral feeding supplies, breast prostheses and for needles and syringes for insulin-dependent seniors. What's excluded: • repair costs for mobility aids • all-terrain vehicles • commodes or commode chairs • non-wheeled walkers • positioning devices not	who are receiving professional services through a Community Care and Access Centre, and 75 per cent of the ADP price for all others. Program will only help pay for equipment that is purchased from registered vendors

			required for use with a wheelchair • most rental of equipment (see respiratory category for apnea-monitor rental) • recliner chairs • standard walking canes • transport chair • adaptive tricycles • wheelchair lifts • wheelchair ramps • closed caption television system • anti-stuttering devices • call bells • environmental control units • telephones (regular and adaptive) • braille watches • GPS systems • regular eyeglasses • scleral contact lenses • talking clocks and calculators • continuous glucose monitors (CGM) and related supplies • dental/oral appliances for treatment of	

			obstructive sleep apnea (OSA) • high-frequency chest wall oscillation airway clearance device • humidifier (standalone) • peak flow metre • servo adaptive ventilators • spirometres (including micro-spriometre) • stethoscopes • valve-holding chambers or spacer devices • dentures • oral splints for temporomandibular joint syndrome (TMJ) • arch supports • carbon-fibre braces • centrally fabricated and pre-fabricated (off the shelf) braces • DonJoy brace • fracture braces • nighttime-use-only orthoses • orthopaedic shoes (even those custom-made) and modifications • post-operative support	

			braces • shoe inserts • SpineCor braces • stockings for varicose veins or venous insufficiency • treatment machines, such as transcutaneous electrical nerve stimulation (TENS) or continuous passive motion (CPM) • bras • silicone nipples or breast implants • swim prosthesis • temporary breast prostheses • Enteral-feeding pumps and ostomy supplies • supplies for temporary ostomies • total parenteral nutrition (TPN) pumps and supplies • Miscellaneous • air conditioner • air purifier • automobile modifications • bath and shower aids (e.g. benches, chairs, bath lifts)	

			• batteries (even for devices originally purchased through ADP) • blood-pressure monitoring/measuring devices • cellphones, including smartphones • chair lift, or any lifting devices • dialysis equipment • diapers • smoke detectors and fire alarms • grab-bars • home renovations (including ramps, porch lifts, etc.) • hospital beds and mattresses • implants • incontinence supplies • life-alert systems • light-therapy equipment • medication pumps • raised toilet seat • stair lift, urinary catheter • wigs	

			The Program will only list and provide funding assistance for Devices that meet the requirements set out in the Manuals and are approved for listing by the Program. The ADP may consider listing a new type of product that is not currently represented in one of the Device categories listed in the ADP Manual if: The product: • Supports the mandate of the program to increase the Client's independence through access to assistive Devices responsive to their individual needs; • Where applicable, has been tested for safety, has undergone manufacturer clinical trials with clear durability specifications, has user manuals and pricing details; • Can be personalized and recommended	

			based on an assessment by a healthcare professional; • Is customized to address a disability; • Is approved by Health Canada-F Funding is not available from other government programs; • Evidence-based supportive documentation are available showing that it is a breakthrough product that provides substantial improvement over comparable products and the proposed price of the product is comparable with prices in other provincial or federal jurisdictions; and • Funding of the product is aligned with current government priorities. Funding is not available from other government programs; The ADP will not consider	

			listing a product if the product: • Is not deemed to be cost-effective • Is a common/mainstream product used by the general population; • Will be exclusively used for therapy or treatment purposes; • Will be exclusively used for a diagnostic or monitoring procedure; • Is a home or vehicle improvement and/or modification; • Will be exclusively used for work, education or recreation purposes; • Will be used for cosmetic purposes only; • Will be implanted within the body; • Is required for daily self-care activities (e.g., transferring, dressing, toileting or bathing); Is to be used exclusively to address a safety need; or	

			• Is for short-term use. The Program will remove a Listed Device where: • It is not cost-effective, not safe or reliable, • It is not utilized by Clients, • the manufacturer/distributor is not abiding by the Policies and Procedures of the Program. • It is not supported by the manufacturer/distributor, • It has been discontinued or voluntarily recalled, or Health Canada or the United States Food and Drug Administration has recalled the Listed Device.	
Ministry of Community and Social Services - Ontario Disability Support Program (ODSP) – Disability Related-Benefits and Extended Health	Information about when the program was established was not found Falls under the mandate of the Ministry of Community and Social Services	Financial need based on e.g. family composition, housing/shelter costs, expenses, household income and assets Person with disability:	What's included: • medical - diabetic supplies, enteral feeding equipment and supplies, ostomy supplies, ventilators, respiratory equipment	This program supports the clients by funding some of the costs not covered by ADP as well as Physician's assessment of the client's needs.

Benefits https://www.mcss.gov.on.ca/en/mcss/programs/social/odsp/income_support/odsp_device.aspx	Provides funding to individuals with permanent disabilities to assist them in obtaining basic assistive devices. The program also provides funding to ODSP benefit unit members for assessment fees and the consumer co-payment for the Ministry of Health and Long-Term Care's Assistive Devices Program (ADP). The program is governed by the following Acts: *Ontario Disability Support Program Act, 1997, SO 1997, c 25, Sch B. General, O Reg 222/98, (Ontario Disability Support Program Act, 1997)* *Employment Supports, O Reg 223/98, (Ontario Disability Support Program Act, 1997)* *Regulation 225/98 - Administration and Cost Sharing*	Substantial mental or physical impairment that is continuous or recurrent, and is expected to last one year or more Impairment directly results in substantial restriction in ability to work, care for yourself, or take part in community life impairment, its duration and restrictions have been verified by approved health care professional Benefit can be for person with disability, spouse and dependents	and supplies; • mobility - prosthetics, orthotics, and pressure modification devices, • wheelchairs, positioning and ambulation aids; and • sensory - communication aids, visual aids (includes optical aids, reading and writing devices and orientation aids such as laser canes) and hearing aids. Medical assessment is required and devices must be purchased from an authorized vendor.	Direct Payments (grants) for Supplies (ostomy supplies and insulin syringes) (Government of Ontario, 2005) Flat Rate Maximum Contributions for respiratory aids, prosthetics, wheelchairs and ambulation aids, communication aids, hearing aids and visual aids 75% / 25% Funding Formula for enteral feeding, orthotics, pressure modification devices, and positioning devices. (Government of Ontario, 2005) Lease Payments for High Technology Communication Devices MCSS will cover the consumer contribution for the annual lease payments for ADP approved high technology communication devices up to the amount permitted under ADP for recipients

	Regulation 562/05 - Prescribed Policy Statements			of ODSP

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Table 8: Prince Edward Island

PROGRAM	MANDATE OF PROGRAM	ELIGABILITY CRITERIA	ASSISTIVE DEVICES INCLUDED AND EXCLUDED	FUNDING MIX
Department of Family and Human Services – Disability Support Program (DSP) https://www.princeedwardisland.ca/en/information/services-a-famille-et-a-personne/disability-support-program	Information about when the program was established was not found It falls under the mandate of the Department of Family and Human Services The main purpose of the program is to assist individuals with permanent disabilities with their daily needs. The program is governed by the following Acts: *Rehabilitation of Disabled Persons Act, RSPEI 1988, c R-12* *Social Assistance Act, RSPEI 1988, c S-4.3* *General Regulations, PEI Reg EC396/03 , (Social Assistance Act)*	A person is eligible for the Disability Support Program if the person: • is a person with a disability; • is a resident of Prince Edward Island; and • is under 65 years of age on the day an application for disability supports for the person is submitted A person is not eligible for the Disability Support Program if the person is: • A child in the legal custody and guardianship of the Director of Child Protection, • pursuant to the Child Protection Act, is not eligible to receive disability supports. • A person who has been admitted to or resides in a nursing	What's included: • Bathroom Aids; • Bedroom Aids; • Household Aids; • Ostomy Supplies; Communication Devices; • Feeding Equipment Supplies; • Hearing Aids; • Orthotic Devices; • Prosthetic Devices; • Visual Aids; and • Wheelchair, • Positioning and Ambulatory Aids. All devices must be approved by Health Canada and authorized for sale in Canada (for medical devices) or have the related certified endorsement through a professional designation i.e. customized splints, braces etc. constructed by occupational therapists in hospitals.	Co-paid based on level of income and level of functioning Recycled devices considered before new devices are funded. If a recycled device is not available, then two quotes are needed. There are limits to the frequency of purchases of the devices.

		home or community care • facility is not eligible for disability supports. • A person who is sentenced to a correctional facility for more than 30 consecutive days. • A person who is admitted to a hospital for more than 30.	Medical assessment is required. What's excluded: Information was not found Information about the decision making process on how devices are included and excluded from the program was not found.	

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Table 9: Quebec

PROGRAM	MANDATE OF PROGRAM	SUB-PROGRAM	ELIGABILITY CRITERIA	ASSISTIVE DEVICES INCLUDED AND EXCLUDED	FUNDING MIX
Ministère de la Santé et Services sociaux (MSSS) – Aides techniques	Information about when the program was established was not found Falls under the mandate of MSSS Governed by: *An Act Respecting Health Services and Social Services, CQLR c S-4.2*	**Program for the attribution of walkers** http://www4.gouv.qc.ca/fr/Portail/Citoyens/Evenements/personne-handicapee/Pages/programme-attribution-ambulateurs.aspx The program helps individuals with disabilities obtain devices to assist them with mobility.	To be eligible, the individual must be: • over 18 years of age • Suffering from an organic deficiency leading to disabilities to move. • Must not be receiving benefits from another program including those administered by the Department of Veterans Affairs, the Société de l'assurance automobile du Québec, the Commission de la santé et of Workplace Safety, the Victims of Crime Compensation	What's included: Walking aid consists of a frame made of metal tubes and 4 wheels, a seat, a back support, brakes, handles and a basket What's excluded: Information was not found Information about the decision making process on how devices are included and excluded from the program was not found.	Walkers are loaned to the individual suffering from a disability at not cost.

			Branchany other organization or resource that fully funds the cost of equipment covered by this program, such as private insurance. Medical assessment is required. The assessment must be submitted to a worker from one of the following institutions: Integrated Center for Health and Social Services (CISSS) of the Capitale-Nationale - Quebec Institute of Rehabilitation in Physical Disability (Wilfrid-Hamel point of service); Integrated Center for Health and Social Services (CIUSSS) Center-Sud-de-l'Île-de-Montréal - Gingras-Lindsay-de-Montréal Rehabilitation		

			Institute (Lindsay Pavilion).		
		Program for the attribution of orthotic footwear and footwear gear http://www4.gouv.qc.ca/fr/Portail/Citoyens/Evenements/personne-handicapee/Pages/attribution-chaussures-orthetiques-appareillage.aspx This program assist clients in need of mobility aide.	Medical assessment is required. The assessment must be submitted to a worker from one of the following institutions: an integrated health and social services center (CISSS); an integrated university health and social services center (CIUSSS).	What's included: either the molded or fitted shoe, or the apparatus at the shoe or an amalgam of the two What's excluded: Information was not found Information about the decision making process on how devices are included and excluded from the program was not found.	The person must pay a deductible of $ 75. The person is eligible for two pairs of shoes at the time of the first request, replaceable every two years
		Program for aids of daily living http://www4.gouv.qc.ca/FR/Portail/Citoyens/Evenements/personne-handicapee/Pages/aides-vie-quotidienne-	Medical assessment is required. The assessment must be submitted to a worker from one of the following institutions: a local community service center (CLSC);	What's included: • aids used in the bedroom Bed • Adapted order • Bed side • Bed Protective Borders • Crib with front opening	Devices are loaned to the person at no cost.

		domestique.aspx This program assist clients with motor, organic or intellectual disability live a more independent life..	an integrated health and social services center (CISSS); an integrated university health and social services center (CIUSSS).	• Child's bed adaptation • Mattress and mattress topper Comfortable • Cover lifter • Aids to the posture in bed • Head or foot lifter • Protection device • Restraint apparatus • Bed table • Trapeze of bed • aids used in the bathroom bath or cabin seat shower, shower cabin seat, shower phone; posture aid for siege bath or cabin shower; help with the toilet; grab bar; help for personal care • helpers used in the kitchen (eg help with meal preparation, help with food; stool and walker, wheelchair table);	

				• aids used in different rooms (eg, transfer aid, patient lift on wheels); • personal aids (eg, safety helmet, protective glove, hair prosthesis) What's excluded: Information was not found Information about the decision making process on how devices are included and excluded from the program was not found.	
		Program for the attribution of three and four wheeled scooters http://www4.gouv.qc.ca/fr/Portail/citoyens/programme-service/Pages/Info.aspx?sqctype=sujet&sqcid=3061 This program assists	A Medical assessment is required. The assessment must be obtained at one of the following facilities: a local community service center (CLSC); an integrated health and social services center (CISSS); an integrated university health and	What's included: Scooter individual motor vehicle, provided with wheels 3 or4 wheels, to assist with mobility. What's excluded: Information was not found Information about	Fully funded

		clients in obtaining a scooter if a manual wheelchair is not the best option for them.	social services center (CIUSSS); a rehabilitation center	the decision making process on how devices are included and excluded from the program was not found.	
Régie de l`assurance maladie Québec-Aid Programs (RAMQ)	Information about when the program was established was not found Falls under the mandate of RAMQ Governed by the following Acts: *An Act Respecting Health Services and Social Services, CQLR c S-4.2* *An Act Respecting Health Services and Social Services for Cree Native Persons, CQLR c S-5* *Articles du Règlement d'application de la Loi sur les services de santé et les services sociaux pour les autochtones cris*	**The Physical Impairment Device Program** http://www4.gouv.qc.ca/FR/Portail/Citoyens/Evenements/personne-handicapee/Pages/appareils-suppleant-deficience-physique.aspx It funds individuals with physical disabilities to assist them in purchasing, adjusting or repairing and replacing the devices that assist them with their disability.	To be eligible, the client must: Have a physical disability and be covered by the Quebec health insurance plan. The equipment must be prescribed by: an orthopedist, a physiatrist, a neurologist, a neurosurgeon, a rheumatologist, a geriatrician, a pediatrician, a general practitioner, a specialist in general surgery or plastic surgery, a cardiologist or a pulmonologist Walking Aids to be covered by the Program must be prescribed as part of a rehabilitation	What's included: • orthoses; • prostheses; • walking aids • verticalization aids; • locomotion aids; • posture aids What's excluded: • orthotic shoes; • cloth corsets; • elastic stockings; • orthotics worn only for the practice of a sport; • scooters and scooters Information about the decision making process on how devices are included and excluded from the program was not found.	Fully funded or rental price is paid There are maximum coverage amounts listed for each device or service.

	(R.R.Q., c. S-5, r.1) *Individual and Family Assistance Act, CQLR c A-13.1.1* *Individual and Family Assistance Regulation, CQLR c A-13.1.1, r 1 , (Individual and Family Assistance Act)*		process and for daily use for at least 1 year. Conditions for Orthotics: must be prescribed for daily use for at least 6 months, if it is an orthosis of a lower limb; 3 months, if it is a trunk orthosis; 1 month, if it is an orthosis of a superior limb. Note: The orthosis is covered if it is prescribed to a person under 19 years of age in need of a deformity correction and for daily use, regardless of the duration.		
		Visual Aids Program http://www4.gouv.qc.ca/fr/Portail/Citoyens/Evenements/personne-handicapee/Pages/programme-aides-visuelles.aspx	To be eligible for the program, the client must be: • permanently unable to do one or more of the following activities: read; write; circulate in	What included: visual aids--reading aids: digital player, television, optical system, calculator, etc..; help with writing: Braille typewriter; mobility aids: white	Devices are made available on loan.

		This program provides funding for visually impaired individuals.	an unfamiliar environment; practice activities related to lifestyle or social roles. • For each eye, visual impairment, after correction with ophthalmic lenses, shall be characterized by visual acuity less than 6/21;visual acuity equal to or less than 6/18, if the person has a degenerative vision problem, visual impairment, physical disability (motor, hearing or language) or intellectual disability; a continuous field of view of less than 60 °, including the center point of measurement measured	cane, electronic obstacle detector and night vision goggles; aids to activities of daily and domestic life: magnifying mirror, sound level, adapted measuring tape, etc. Funding of $ 210 can be granted for the acquisition of a guide dog. In this case, assistance of $ 1,028 per year is also granted for its maintenance. computer aids: computer, display and braille printer; reading aids: hearing apparatus, telemicroscopic optical system and compatible television set; writing aid: electric braille writing machine; mobility aids: electronic obstacle detector and satellite	

			horizontally or vertically; a hemianopia (reduction or loss of vision in one half of the visual field) complete. • The above conditions do not apply to people who use special optical systems and additions greater than 4 diopters.	navigation system. Reading aids, such as digital readers, closed-circuit television systems, optical systems and calculators; writing aids such as braillers; mobility aids such as white canes, electronic obstacle detectors, night vision goggles. Students and workers may also qualify for computer-compatible closed-circuit television systems, computers, braille displays and printers, satellite GPS. What's excluded: Information was not found Information about the decision making process on how devices are included and excluded from the program was not found.	
		Hearing Aid Program	To be eligible for the	What's included:	Devices are fully

		http://www.ramq.gouv.qc.ca/en/citizens/aid-programs/hearing-aids/Pages/hearing-aids.aspx This program funds clients with hear disability obtain necessary equipment.	program the client must: Have a hearing loss. Be insured by the Quebec health insurance plan Be under 12 years of age and have a hearing impairment that may compromise speech and language development; Be 12 to 18 years of age and have an average hearing loss of at least 25 decibels affecting an ear; Be 19 years of age or older, have an average hearing loss of at least 25 decibels in one ear, and pursue a diploma, certificate or recognized academic certificate by the Ministry of Education and Higher Education;	The hearing aids covered are: • analog (in-ear type, earloop, body and glasses); • digitally controlled analogue (in-ear and ear-type); • digital (intra-auricular type and earloop). • The assistive listening aids covered include: decoders; teletypewriters; telephone amplifiers; adapted alarm clocks; the ring detectors. What's excluded: • the cost of repairing a hearing aid due to negligent or abusive use; • the cost of replacing the batteries; • the cost of	funded.

			Have an average hearing loss of at least 35 decibels affecting the ear with the greatest hearing ability	cleaning, analyzing or checking a hearing aid. The program also covers: The cost of replacing a hearing device in the following situations: the person's degree of hearing loss or physical condition has changed sufficiently to render the device ineffective; the person's ability to operate the controls has diminished to the point where it is impossible for the person to use the device; The device has worn out prematurely because of excess perspiration acidity, excess toxic vapours or excess dust pollution;	

				the device is damaged accidentally; during the first 6 years of use, the cost of a single repair exceeds 70% of the original purchase cost; after 6 years of use, the sum of the repair costs incurred from the seventh year exceeds 60% of the original purchase cost; the device no longer operates in normal conditions. The cost of replacing a hearing device that has been lost, stolen, destroyed or used negligently must be paid by the user. This cost may be covered by private supplemental insurance. For information, contact your insurer. Schedule of devices	

				and prices: https://www.prod.ramq.gouv.qc.ca/DPI/PO/Commun/PDF/Listes_AT/Listes_AT/liste_at_aides_aud_mod_2016_07_01_en.pdf Information about the decision making process on how devices are included and excluded from the program was not found.	

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Table 10: Saskatchewan

PROGRAM	MANDATE OF THE PROGRAM	SUB-PROGRAM	ELIGABILITY CRITERIA	ASSISTIVE DEVICES INCLUDED AND EXCLUDED	FUNDING MIX
Ministry of Health - Saskatchewan Aids to Independent Living (SAIL)—The Special Benefits Programs https://www.saskatchewan.ca/residents/health/accessing-health-care-services/health-services-for-people-with-disabilities/sail	The program was established in 1975 under the mandate of the Ministry of Health The Programs include: • Paraplegia Program • Cystic Fibrosis Program • Chronic End-Stage Renal Disease Program • Ostomy Program • Haemophilia Program • Aids to the Blind • Saskatchewan Insulin Pump Program The programs are governed under the following Act: *The Saskatchewan Aids to Independent Living Regulations,*	**Aids to the Blind Program** https://www.saskatchewan.ca/residents/health/accessing-health-care-services/health-services-for-people-with-disabilities/sail The program assist visually impaired individuals access necessary equipment. The Canadian National Institute for the Blind (CNIB) is responsible for registering and receiving referrals for qualified clients.	Eligibility criteria include: • Have a vision assessment that shows their vision to be 20/150 worse in the better eye with corrected lenses or with visual fields no greater than 20 degrees; • Referred by a physician specializing in ophthalmology or by a Low Vision Clinic; and • Require low vision aids or devices that are not exclusively for educational and/or employment purposes.	What's included: • Low vision eyewear; • The loan of braillers, white canes (identification, mobility and/or support), magnifiers and book playback machines; • Assistance with the purchase of talking or braille watches, talking scales, large button or talking phones, talking labellers, digital playback units and multifunctional electronic devices; and • Low vision rehabilitation services from the Canadian	Fully funded.

	1976, Sask Reg 292/76, (Health Administration Act) *The Saskatchewan Assistance Plan Supplementary Health Benefits Regulations, Sask Reg 65/66, (Health Administration Act)* *The Rehabilitation Act, RSS 1978, c R-17* *The Rehabilitation Regulations, Sask Reg 265/72, (Rehabilitation Act)* *Saskatchewan Assistance Act, The, RSS 1978, c S-8* *The Saskatchewan Assured Income for Disability Regulations, 2012, RRS c S-8 Reg 11, (Saskatchewan Assistance Act)* *The Saskatchewan Assistance Regulations, 2014,*			National Institute for the Blind (CNIB). Clients are limited to one device for each functional purpose. The program only funds basic equipment that provide the necessary needs for the client. What's excluded: information was not found Information about the decision making process on how devices are included and excluded from the program was not found.	

	RRS c S-8 Reg 12, (Saskatchewan Assistance Act) *Public Health Act, 1994, SS 1994, c P-37.1* *Paraplegia, Sask Reg 786/68 (Public Health Act)*				
Ministry of Health - Saskatchewan Aids to Independent Living (SAIL)—The Universal Benefits Programs https://www.saskatchewan.ca/residents/health/accessing-health-care-services/health-services-for-people-with-disabilities/sail - universal-benefits-programs	The program was established in 1975 under the mandate of the Ministry of Health. The programs include: • Prosthetics and Orthotics Program • Mobility and Assistive Devices (Special Needs Equipment) Program • Therapeutic Nutritional Products Program • Respiratory Equipment Program	**Prosthetics and orthotics** https://www.saskatchewan.ca/residents/health/accessing-health-care-services/health-services-for-people-with-disabilities/sail The program funds the cost of a range of prosthetic and orthotic devices. It also funds the cost of adaptive and specialized seating, standing frames and limited rehabilitation equipment such as rolls, wedges and therapy balls	Eligibility criteria: Medical assessment is required Must not be eligible to receive devices from any other government program	What's included: • Orthotics: AFOs, ankle braces, knee ankle othotics, knee braces*, splints and fracture braces; high cost knee braces are cost shared; SAIL will cover a high cost knee brace required as a result of an injury max: $400 and of osteoarthritis max: $450 • Prosthetics: lower extremity prostheses, upper extremity prostheses, consumables	Full funding and cost sharing depending on device

	• Home Oxygen Program • Children's Enteral Feeding Pump Program • Compression Garment Program The program is governed by the following Acts: *The Saskatchewan Aids to Independent Living Regulations, 1976, Sask Reg 292/76, (Health Administration Act)* *The Saskatchewan Assistance Plan Supplementary Health Benefits Regulations, Sask Reg 65/66, (Health Administration Act)* *The Rehabilitation Act, RSS 1978, c R-17* *The Rehabilitation Regulations, Sask Reg 265/72, (Rehabilitation Act)*			• Myoelectric prosthesis: request determined on a case-by-case basis • C-Leg (microprocessor knee)--requests determined on a case-by-case basis; cost shared, SAIL cover max: $15,000 • Adaptive and specialized seating • Adaptive and rehabilitation equipment • Standing frames • Functional electrical stimulation (FES) for Foot Drop: max $3500 once every 5 years • External craniofacial prosthetics: max $11,000 once every three years	

	Saskatchewan Assistance Act, The, RSS 1978, c S-8 *The Saskatchewan Assured Income for Disability Regulations, 2012, RRS c S-8 Reg 11, (Saskatchewan Assistance Act)* *The Saskatchewan Assistance Regulations, 2014, RRS c S-8 Reg 12, (Saskatchewan Assistance Act)* *Public Health Act, 1994, SS 1994, c P-37.1* *Paraplegia, Sask Reg 786/68 (Public Health Act)*			What's excluded: information was not found Information about the decision making process on how devices are included and excluded from the program was not found.	
		Mobility and assistive devices program (Special Needs Equipment) The program provides at no cost loan and repair of equipment to eligible clients. The program loans equipment such as walkers, wheelchairs and hospital beds. The Saskatchewan Abilities Council operates this program on behalf of the ministry.	Eligibility criteria: -Medical assessment The client resides in the community. Personal Care Home and Special Care Home residents are eligible only for walkers, wheelchairs and cushions. Patients in an acute care facility are not eligible for Special Needs Equipment benefits except as part of a definitive discharge plan. The client must not be eligible to receive	What's included: Clients have access to the free loan of equipment such as wheelchairs, walkers, cushions, paediatric mobility aids, bathroom accessories, hospital beds and transfer lifts. The equipment is owned by the program and clients must return the equipment to a Special Needs Equipment Depot when they no longer require it. The program also	Free loan of equipment from a pool

			service from any other government agency	funds repairs and maintenance of loaned equipment. Loan restrictions vary by type of equipment What's excluded: • medical alarm systems; • four wheeled walkers with seats and scooters. Information about the decision making process on how devices are included and excluded from the program was not found.	
		The SAIL Respiratory Equipment Program (SAIL Respiratory Benefits Program) This Program provides free of charge loaned respiratory equipment and provides financial assistance towards	Eligibility varies based on type of equipment needed.	What's included: • Ventilators: intermittent, continuous and ventilator supplies • CPAP and b-level flow: load of flow generator Tracheostomy humidification compressor: load	Fully funded, cost-shared, loaded: varies by type of equipment

		the purchase of aerosol therapy compressors (nebulizers) to clients.		of a compressor • Portable or stationary suctioning equipment: load of suction machine • aerosol therapy compressor (nebulizers): 50% reimbursement to a maximum of $125 or, if eligible for the Supplementary Health Program or children with Family Health Benefits coverage, the full cost of a compressor to a maximum of $160 What's excluded: • Pulse oximeters • Reimbursement of privately purchased respiratory equipment that is available through the	

				program on a loan basis Information about the decision making process on how devices are included and excluded from the program was not found.	

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Table 11: Northwest Territories

PROGRAM	MANDATE OF PROGRAM	ELIGABILITY CRITERIA	ASSISTIVE DEVICES INCLUDED AND EXCLUDED	FUNDING MIX
Health and Social Services - Supplementary Health Benefits http://www.hss.gov.nt.ca/en/services/supplementary-health-benefits/extended-health-benefits-seniors-program **Extended Health Benefits Seniors' Program**	Information about when the program was established was not found Falls under the mandate of the Government of the Northwest Territories (GNWT) and administered by Alberta Blue Cross. The program provides additional medical benefits to non-aboriginal metis residents over the age of 60. The programs is governed by the follow Act: *Hospital Insurance and Health and Social Services Administration Act. R.S.N.W.T. 1998, C T-3*	To be eligible, the client must be: - non-Aboriginal or non-Indigenous Métis - 60 years of age or over - a permanent resident of the NWT - registered with the NWT Health Care Plan.	What's included: • Audiology equipment (e.g. hearing aids) • Diabetic supplies and equipment (e.g. blood testing strips and injection supplies) • Incontinence products • Medical equipment (e.g. wheelchairs and walkers) • Medical supplies (e.g. bandages and dressings) • Orthotics and custom-made footwear • Oxygen and respiratory supplies and equipment • Pressure garments • Prosthetics What excluded: information was not found Information about the decision making process on how devices are included and excluded	Devices are fully funded. However, the program should be the last option considered by clients.

			from the program was not found.	
Health and Social Services - Supplementary Health Benefits http://www.hss.gov.nt.ca/en/services/supplementary-health-benefits/extended-health-benefits-specified-disease-conditions **Extended Health Benefits for Specified Disease Conditions**	Information about when the program was established was not found Falls under the mandate of the Government of the Northwest Territories (GNWT) and administered by Alberta Blue Cross. The program provides additional medical benefits to non-aboriginal metis residents over the age of 60. The programs is governed by the follow Act: *Hospital Insurance and Health and Social Services Administration Act. R.S.N.W.T. 1998, C T-3*	To be eligible, the client must be: - Non-Aboriginal or Métis - A permanent resident of the NWT - Registered with the NWT Health Care Plan - Under the care of a physician or nurse practitioner for one of the disease conditions listed on the program's website: http://www.hss.gov.nt.ca/en/services/supplementary-health-benefits/extended-health-benefits-specified-disease-conditions	What's included: • Diabetic supplies and equipment (e.g. blood testing strips and injection supplies) • Incontinence products for adults and disabled children only • Medical equipment (e.g. wheelchairs and walkers) • Medical supplies (e.g. bandages and dressings) • Orthotics and custom-made footwear • Oxygen and respiratory supplies and equipment • Pressure garments • Prosthetics What excluded: Information was not found. Information about the decision making process on how devices are included and excluded from the program was not found.	Devices are fully funded. However, the program should be the last option considered by clients.

Health and Social Services - Supplementary Health Benefits http://www.hss.gov.nt.ca/en/services/supplementary-health-benefits/metis-health-benefits **Metis Health Benefits**	Information about when the program was established was not found Falls under the mandate of the Government of the Northwest Territories (GNWT) and administered by Alberta Blue Cross. The program provides additional medical benefits to non-aboriginal metis residents over the age of 60. The programs are governed by the follow Act: *Hospital Insurance and Health and Social Services Administration Act. R.S.N.W.T. 1998, C T-3*	To be eligible, the client must be: - A registered Indigenous Métis - A permanent resident of the NWT - Registered with the NWT Health Care Plan. Applicants must apply for the Metis Health Benefits program to be eligible for benefits.	What included: • Audiology equipment (e.g. hearing aids) • Diabetic supplies and equipment (e.g. blood testing strips and injection supplies) • Incontinence products for adults and disabled children only • Medical equipment (e.g. wheelchairs and walkers) • Medical supplies (e.g. bandages and dressings) • Orthotics and custom-made footwear • Oxygen and respiratory supplies and equipment • Pressure garments and • Prosthetics What's excluded: Information was not found Information about the decision making process on how devices are included and excluded from the program was not found.	Devices are fully funded. However, the program should be the last option considered by clients.

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Table 12: Nunavut

PROGRAM	MANDATE OF PROGRAM	ELIGABILITY CRITERIA	ASSISTIVE DEVICES INCLUDED AND EXCLUDED	FUNDING MIX
Department of Health – Extended Health Benefits-Specified Conditions https://gov.nu.ca/health/information/extended-health-benefits-ehb-specified-conditions	Information about when the program was established was not found Falls under the mandate of the Ministry of Health, Department of Health; Department of Family Services The program provides funding for non-indigenous residents requiring prescription drugs and assistive technologies. Information about legislative framework governing the program was not found.	To be eligible, the client must be: Enrolled in the Nunavut Health Care Plan non-indigenous resident with one of specified conditions listed on website Under the age of 65. List of condition eligible for coverage listed here: https://gov.nu.ca/health/information/extended-health-benefits-ehb-eligible-specified-conditions Medical assessment required.	Devices under the "Non-Insured Health Benefits – Medical Supplies and Equipment Benefits" here: https://www.canada.ca/en/health-canada/services/first-nations-inuit-health/reports-publications/non-insured-health-benefits/guide-medical-supplies-equipment-benefits-non-insured-health-benefits-2017.html Examples include walkers, wheelchairs, orthotics, prosthetics, and hearing aids What's excluded: Information was not found Information about the decision making process on how devices are included and excluded from the program was not	Fully funded, including: shipping and fitting.

			found.	
Department of Health – Extended Health Benefits-Seniors Coverage https://www.gov.nu.ca/health/information/extended-health-benefits-ehb-seniors-coverage	Information about when the program was established was not found Falls under the mandate of the Ministry of Health, Department of Health; Department of Family Services The program provides funding for non-indigenous residents over the age of 65. Information about legislative framework governing the program was not found.	To be eligible, the client must be: Enrolled in the Nunavut Health Care Plan Non-indigenous resident of the province. Over the age of 65.	What's included: - Cost of ambulatory charges for transportation within Nunavut - $1,000 combined cost of dental care per calendar year - Medically required audiology services and products - Full cost of prescribed medical supplies and appliances, their fitting and shipping - Vision care services and products What's excluded: Information was not found Information about the decision making process on how devices are included and excluded from the program was not found.	Fully funded, including: shipping and fitting.

References:

Government of Nunavut. (n.d.). Department of Health, Extended Health Benefits (EHB) Seniors' Coverage. Retrieved March 5, 2018, from https://www.gov.nu.ca/health/information/extended-health-benefits-ehb-seniors-coverage

Government of Nunavut. (n.d.a.). Department of Health, Extended Health Benefits (EHB) Specified Conditions. Retrieved March 5, 2018, from https://gov.nu.ca/health/information/extended-health-benefits-ehb-specified-conditions

Table 13: Yukon

PROGRAM	MANDATE OF PROGRAM	ELIGABILITY CRITERIA	ASSISTIVE DEVICES INCLUDED AND EXCLUDED	FUNDING MIX
Health and Social Services - Extended Health Care Benefits to Seniors http://www.hss.gov.yk.ca/extendedcare.php	Information about when the program was established was not found Falls under the mandate of the Department of Health and Social Services The program offers funding to seniors requiring assistance with prescription drugs, eye and dental care and assistive technologies. The program is governed by the following Acts: *Health Care Insurance Plan Act, RSY 2002, c 107* *Social Assistance Regulation, YOIC 2012/83 , (Social Assistance Act RSY 2002, c 205)*	To qualify for funding, the client must be: Registered with the Yukon Health Care Insurance Plan (YHCIP). Yukon resident Over the age of 65 years or aged 60 and married to a living Yukon resident who is at least 65 years of age.	What's included: • Medical surgical supplies/equipment: The plan may provide walking aids, hand inhalers, artificial eyes and limbs, respiratory equipment, commodes and manual wheelchairs. • Hearing aids: One hearing aid is allowed in a four-year period. Repair and adjustment of one hearing aid with a 12-month warranty. No charge for adjustments. Batteries are not covered. • Dental care: The plan pays for dentures or rebases once in a five-year period. Coverage is limited to $1,400 in any two-year period. • Eye examinations and glasses: The plan may pay for one eye	Devices are funded fully or cost shared The program should be the last option if the client receives benefits from other sources.

			examination, new lenses and a maximum of $100.00 toward the purchase of frames once every two years. Benefits do not include the repair of glasses. The purchase of tinted or contact lenses is not covered. What's excluded: information was not found Information about the decision making process on how devices are included and excluded from the program was not found.	
Health and Social Services - Chronic Disease Program http://www.hss.gov.yk.ca/chronicdisease.php	Information about when the program was established was not found Falls under the mandate of the Department of Health and Social Services The program provides assistance to residents who have a chronic disease or a serious functional disability	To qualify, the client must: Have a chronic disease or serious functional disability. Chronic disease and conditions covered include: ADHD Attention Deficit/Hyperactivity Disorder Adrenal Disease Affective Disorders HIV/AIDS Alzheimer's Disease	What's included: • Prescription drugs • Medical surgical supplies include body supports, prosthetic garments, ostomy supplies, hand inhalers and nebulizers, syringes and glucose test kits, oxygen supply, dressings, and bandages for chronic and recurrent conditions.	The client is responsible for paying the first $250 of eligible costs per year, to a maximum of $500 per family. This program should be the last option to be considered by the client. If an equipment can be borrowed from a hospital or the Canadian Red Cross, the equipment will not be

	The program is governed by the following Acts: *Health Act, RSY 2002, c 106* *Chronic Disease and Disability Benefits Regulation, YOIC 1994/168 , (Health Act)*	Amyotrophic Lateral Sclerosis Ankylosing Spondylitis Appendicular Arthritis Asthma Barrett's Esophagus Cancer Celiac Disease Cerebral Palsy Chronic Obstructive Lung Disease Cardiac Disorders Crohn's Disease Cystic Fibrosis Cystinuria Diabetes Down Syndrome Epilepsy Galactosemia Glaucoma Heart Valve Problems Hemophilia Hirschprung's Disease Huntington's Disease Hypercholesteremia Hypertension Hypogammaglobulinaemia Hypogonadism Multiple Sclerosis Muscular Dystrophy Myasthenia Gravis Narcolepsy Organ Transplants Osteoporosis	• Medical equipment includes respiratory equipment, manually operated hospital beds, manually operated wheelchairs, walking aids, grab bars and support rails, commodes and glucometers. • Other equipment or devices that are medically necessary may be covered at the discretion of the Director and subject to prior approval. What's excluded: information was not found Information about the decision making process on how devices are included and excluded from the program was not found.	considered eligible for funding under the program. Items not covered include: the cost of installation or set up of medical equipment, fitting prostheses and appliances and any other professional service charges related to the provision of goods, except dispensing fees for prescription drugs.

		Pancreatitis Parkinson's Disease Phenylktonuria Pernicious Anemia Pituitary Disease Pseudoxanthoma Elasticum Psoriasis Psychoses Restless Leg Syndrome Sarcoidosis Schizophrenia Smith-Lemli-Opitz Syndrome Spina Bifida Systemic Lupus Erythematosus Thrombophlebitis Tourette's Syndrome Tuberculosis Turner's Syndrome Ulcerative Colitis Williams' Elf Syndrome The request for funding should come from a medical provider.		
Health and Social Services – Hearing Services http://www.hss.gov.yk.ca/hearingservices.php	Falls under the mandate of the Department of Health and Social Services Provides assistance to clients in need of	People can self-refer to the program	What's included: • Assistive listening devices • Hearing assessments; • Hearing aid consultations and	Devices are fully funded

	diagnostic audiological evaluations, hearing screenings, hearing aid evaluation and dispensing, hearing aid repairs, and assistive listening devices. The program is governed by the following Acts: *Health Act, RSY 2002, c 106* *Chronic Disease and Disability Benefits Regulation, YOIC 1994/168 , (Health Act)*		fitting; • Hearing aid repairs; • Drop-in for basic hearing aid clean and check What's excluded: information was not found Information about the decision making process on how devices are included and excluded from the program was not found.	

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Appendix B: Mandate, Accountability, Laws, and Regulations

	Ministry	Program	Laws and Regulations
Alberta[2]	Alberta Health	Alberta Aids to Daily Living Program	*Public Health Act, RSA 2000, c P-37* *Alberta Aids to Daily Living and Extended Health Benefits Regulation, Alta Reg 236/1985*
British Columbia[3,4]	Ministry of Social Development and Social Innovation BC Ministry of Social Development and Social Innovation and Ministry of Children and Family Development	Medical Equipment and Devices Medical Equipment—Hearing Instruments Medical Equipment—Orthoses	*Employment and Assistance for Persons with Disabilities Act, SBC 2002, c 41* *Employment and Assistance for Persons with Disabilities Regulation, BC Reg 265/2002, (Employment and Assistance for Persons with Disabilities Act)* *Employment and Assistance Act, SBC 2002, c 40* *Employment and Assistance Regulations, BC Reg 263/2002*
Manitoba[5,6]	Regional Health Authorities	Home Care Services - Supplies and Equipment (under the umbrella of Manitoba Health, Seniors and Active Living)	*The Health Services Insurance Act, CCSM c. H35* *Prosthetic, Orthotic and other Medical Devices Insurance Regulation, Man Reg 53/93, (Health Services Insurance Act)* *The Excluded Services Regulation, Man Reg 46/9 , (Health Services Insurance Act)*
New Brunswick[7,8,9,10,11]	Department of Social Development – Health Services Easter Seals	The Recycling Program Convalescent / Rehabilitation Program Hearing Aid Program Orthopedic Program	*Health Services Act, SNB 2014, c 112* *General Regulation, NB Reg 84-115* *Family Income Security Act, SNB 1994, c F-2.01* *General Regulation, NB Reg 95-61, (Family Income Security Act)*
Newfoundland and	Department of Health and	Special Assistance Program –	

Labrador[12,13]	Community Services Department of Advanced Education and Skills (AES)	Medical equipment and supplies Income Support – Hearing Aid program	Income and Employment Support Act, SNL 2002, c I-0.1 Income and Employment Support Regulations, NLR 144/04
Nova Scotia[14,15,16,17,18,19,20,21]	Department of Community Services Easter Seals Nova Scotia Department of Health and Wellness - Continuing Care the Canadian Red Cross Nova Scotia	Disability Support Program (DSP) Direct + Enhanced Family Support for Children Program (DFSC/EFSC) Wheelchair Recycling Program Seniors Community Wheelchair Loan Program Personal Alert Service Health Equipment Loan Program (HELP) - Bed Loan Program Health Equipment Loan Program (HELP) - Specialized Equipment Program Medication Dispenser Assistive Technology Program	Social Assistance Act, RSNS 1989, c 432 Municipal Assistance Regulations, NS Reg 76/81 (Social Assistance Act) Health Authorities Act, SNS 2014, c 32 and SNS 1990, c 6
Ontario[22,23]	Ministry of Health and Long-Term Care Ministry of Community and Social Services	Assistive Devices Program Ontario Disability Support Program	*Ontario Disability Support Program Act, 1997, SO 1997, c 25, Sch B, General, O Reg 222/98, (Ontario Disability Support Program Act, 1997)* *Employment Supports, O Reg 223/98, (Ontario Disability Support Program Act, 1997)* *Ministry of Health and Long-Term Care Act, RSO 1990, c M.26* – which according to the manual of the Assistive Devices Program,

			this act governs the program *Regulation 225/98 - Administration and Cost Sharing* *Regulation 562/05 - Prescribed Policy Statements*
Prince Edward Island[24,25,26]	Department of Family and Human Services	Disability Support Program (DSP)	*Rehabilitation of Disabled Persons Act, RSPEI 1988, c R-12* *Social Assistance Act, RSPEI 1988, c S-4.3* *General Regulations, PEI Reg EC396/03, (Social Assistance Act)*
Quebec[27,28,29,30,31,32,33]	Ministère de la Santé et Services sociaux (MSSS) Régie de l`assurance maladie Québec (RAMQ)	**Aides Technique Subprograms:** Program for the attribution of walkers Program for the attribution of orthotic footwear and footwear gear Program for aids of daily living Program for the attribution of three and four wheeled scooters **Aid Programs Subprograms:** The Physical Impairment Device Program Visual Aids Program Hearing Aid Program	*An Act Respecting Health Services and Social Services, CQLR c S-4.2* *An Act Respecting Health Services and Social Services, CQLR c S-4.2* *An Act Respecting Health Services and Social Services for Cree Native Persons, CQLR c S-5* *Articles du Règlement d'application de la Loi sur les services de santé et les services sociaux pour les autochtones cris (R.R.Q., c. S-5, r.1)* *Individual and Family Assistance Act, CQLR c A-13.1.1* *Individual and Family Assistance Regulation, CQLR c A-13.1.1, r 1, (Individual and Family Assistance Act)*

Saskatchewan[34]	Ministry of Health	Saskatchewan Aids to Independent Living The Universal Benefits Program	*The Saskatchewan Aids to Independent Living Regulations, 1976, Sask Reg 292/76, (Health Administration Act)* *The Saskatchewan Assistance Plan Supplementary Health Benefits Regulations, Sask Reg 65/66, (Health Administration Act)* *The Rehabilitation Act, RSS 1978, c R-17* *The Rehabilitation Regulations, Sask Reg 265/72, (Rehabilitation Act)* *Saskatchewan Assistance Act, The, RSS 1978, c S-8* *The Saskatchewan Assured Income for Disability Regulations, 2012, RRS c S-8 Reg 11, (Saskatchewan Assistance Act)* *The Saskatchewan Assistance Regulations, 2014, RRS c S-8 Reg 12, (Saskatchewan Assistance Act)* *Public Health Act, 1994, SS 1994, c P-37.1* *Paraplegia, Sask Reg 786/68 (Public Health Act)*
Northwest Territories[35,36]	Alberta Blue Cross Government of the Northwest Territories (GNWT)	Health and Social Services - Supplementary Health Benefits Extended Health Benefits Seniors' Program Extended Health Benefits for Specified Disease Conditions Metis Health Benefits	*Hospital Insurance and Health and Social Services Administration Act. R.S.N.W.T. 1998, C T-3*

Nunavut[37]	Ministry of Health, Department of Health Department of Family Services	Extended Health Benefits-Specified Conditions Extended Health Benefits-Seniors Coverage	*Not found*
Yukon[39,40,41]	Department of Health and Social Services	Extended Health Care Benefits to Seniors Chronic Disease Program Hearing Services	*Health Care Insurance Plan Act, RSY 2002, c 107* *Social Assistance Regulation, YOIC 2012/83, (Social Assistance Act RSY 2002, c 205)* *Health Act, RSY 2002, c 106* *Chronic Disease and Disability Benefits Regulation, YOIC 1994/168, (Health Act)*

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EVIDENCE REPORT

October 2018

Converge3

Integrating health, economic and equity evidence to inform policy

Assistive Devices: Regulation and Coverage in five European Countries

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About this Report

This report was produced by SiTi – Berlin Institute for Health Care Management and the Department of Health Care Management, Berlin University of Technology, a Research Hub of the European Observatory on Health Systems and Policies and a WHO Collaborating Centre for Health Systems Research and Management, and the North American Observatory on Health Systems and Policies at the request of the Converge3.

About the North American Observatory on Health Systems and Policies

The North American Observatory on Health Systems and Policies (NAO) is a collaborative partnership of interested researchers, health organizations, and governments promoting evidence-informed health system policy decision-making. Due to the high degree of health system decentralization in the United States and Canada, the NAO is committed to focusing attention on comparing health systems and policies at the provincial and state level in federations.

Background

In the Member States of the European Union, approximately 44 million people aged 15 to 64 have reported a disability. In 2011, about 26% of people aged 16 years or over declared health-related, long-term limitations in usual activities (8.2% severe, 17.5% moderate disability). The health needs of disabled people vary. Overall, people with disabilities have a poorer health status than the general population and face discrimination and significant barriers to exercising their rights; they remain one of society's most vulnerable groups (European Commission, 2015).

The primary purpose of assistive technologies (ATs) is to maintain or improve an individual's functioning and independence to facilitate participation and to enhance overall well-being (put differently, in the official definition for this work: ATs encompass “any item, piece of equipment, or product, whether acquired commercially, modified or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities” - United States of America Assistive Technology Act 2004).

ATs can be seen as a factor facilitating the life of disabled people by reducing certain barriers, especially in the field of employment. In fact, access to assistive devices and technology derives from the basic principles of human rights, such as dignity, autonomy, equality, non-discrimination, participation and inclusion (EPRS, 2018a).

The UN Convention on the Rights of People with Disabilities (CRPD), adopted in 2006, is legally binding for both the EU and its Member States. It affirms that assistive technologies are essential to enable persons with disabilities to live independently and to participate fully in all aspects of life. It also strongly points out that their affordability and accessibility are necessary to ensure equitable access.

ATs are usually provided through the social security or public health systems of the Member States; the EU adopts a coordinating role. This often poses a portability challenge for people with disabilities in the context of the EU´s free movement of citizens. As the prevalence of disability increases with age, demographic change necessitates a closer look at how ATs are regulated and covered at the national level. The aim of this work is to explore modalities of regulation and coverage of ATs in a meaningful sample of European countries and highlight potential avenues for supranational collaboration and knowledge exchange.

Methods

Country sample

This work focuses on five European countries, namely Germany, Italy, the Netherlands, Norway and the United Kingdom. The sample was chosen to include both tax-financed (National Health Service-type) and health-insurance based systems as well as countries with a variable degree of decentralization concerning the provision of health care in general and ATs in particular. Table 1, below, shows relevant characteristics of the health systems in the selected countries.

Table 1: Characteristics of the health systems in the country sample





	Germany	Italy	Netherlands	Norway	UK
Health system financing (main)	Compulsory SHI	tax-based (National Health Service)	Compulsory SHI	tax-based (National Health Service)	tax-based (National Health Service)
Universal coverage	Yes	Yes	Yes	Yes	Yes
Role of private health insurance	Substitutive; Complementary (excluded services, some cost-sharing); Supplementary (convenience).	Complementary (excluded services, cost-sharing); Supplementary (convenience).	Complementary (excluded services, cost-sharing); Supplementary (convenience).	Mainly supplementary (faster access, provider choice).	Supplementary (faster access, convenience).
% Population with private health insurance schemes	8.8% (substitutive, 2015)	8% (2015)	84% (2015)	9% (2015)	10.5% (2015)
Definition of (minimum) benefit catalogue	Self-governance	Government	Government	Parliament (no explicit catalogue)	No explicit basket
THE as a % of GDP	11.2% (2014)	9.1% (2014)	10.8 (2015)	9.9% (2015)	9.9% (2014)
THE per capita	USD 5119 (2014)	USD 3207 (2014)	USD 5227 (2014)	USD 6112 (2015)	USD 4094 (2014)
Financial protection for OOP	Annual cap at 2% of income (1% for qualified patients with chronic conditions)	Exemptions for certain chronic conditions and severe disabilities	Annual deductible structure of cost-sharing; beyond that, cost-sharing applies only to certain types of services	Annual OOP caps (general: ca. USD 270); possible tax deductions and/or benefits in kind	Exemptions for certain conditions and patient groups (low-income, under the age of 18)

Source: Commonwealth Fund 2018

Analytical framework

We adopted the analytical framework prepared by colleagues at the University of Toronto for their work on the interjurisdictional analysis of AT programs; this includes four domains:

1. **Mandate of the programs**: what is the governing legislation and who administers the program (e.g., provincial government, regional authorities, a combination of government and charitable organizations)?
2. **Eligibility criteria:** who is eligible to benefit from these programs (e.g., age, health conditions, assessments, living arrangements, financial status, access to private funding)? and where does the administrative burden fall?
3. **Devices Included:** What types of devices are covered under the program (breakdown of ATs into 4 distinct categories: mobility aids; household aids; respiratory aids; and audio, visual, and communication aids)? How are inclusion/exclusion decisions made?
4. **Coverage**: what are the mechanisms for funding these devices (full or partial coverage, loaned); what is the service/product support approaches (rented devices, reimbursement strategies, deposits); and how are the funding approaches determined?

We do not focus separately on ATs covered in the context of employment or education in this draft: where of particular relevance, a short reference is made in the text.

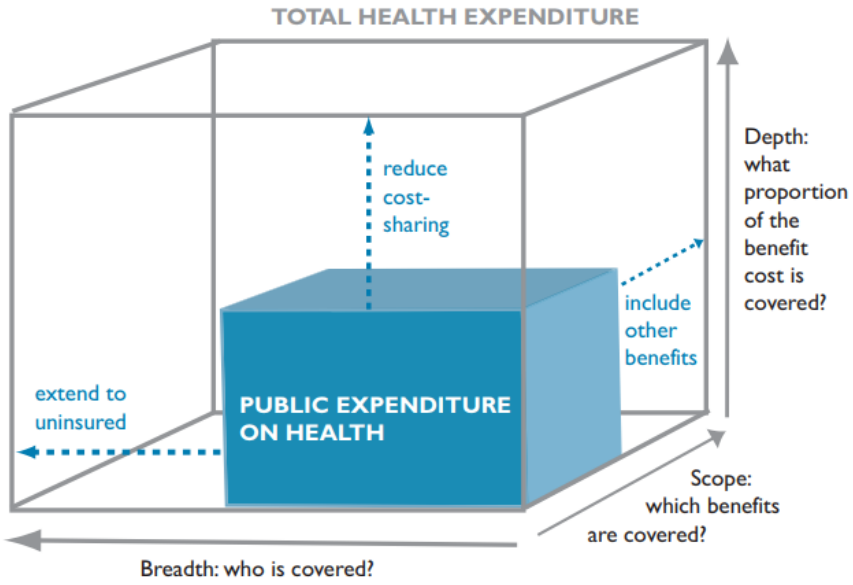
We also adopted the operationalization of the definition for ATs used by the same working group. This includes 4 distinct categories of ATs where the cost of purchasing is expected to be high:

- Mobility aids include such things as wheel chairs, walkers, crutches.
- Household aids refers to such things as hospital beds, stair lifts, bathroom devices, transfer lifts.
- Respiratory aids refer to such things as continuous positive airway pressure (CPAP) machines, and oxygen support.
- Audio, Visual, and communication aids include bone anchored hearing aids, adaptive telephones, reading and writing devices.

Within the given focus of this work as shown in the operationalization above, the adopted framework corresponds to the three dimensions of coverage as first proposed in two publications by Busse et al. (2007) and subsequently adopted by the World Health Organization in their 2010 World Health report to describe universal health coverage (see Figure 1). The findings section

looks at terms of eligibility (who is covered, *breadth* of coverage), which ATs are covered (what is covered, *scope* of coverage) and the level of cost-sharing required (proportion of the AT costs covered, *depth* of coverage).

Figure 1: Dimensions of coverage



Source: WHO 2010

Evidence generation

The evidence generation to answer these questions was tackled in a two-step approach, combining publicly available information with country expert consultation. This was repeatedly validated as an efficient and robust approach during previous work of the European Observatory on Health Systems and Policies (e.g. Panteli et al. 2016). Thus, in a first step, multiple sources were used to put together information on the aspects delineated above. National regulatory documents as well as published and grey literature were used to identify and explore relevant strategies at national level, building on the Department´s existing work on medical devices (e.g. Henschke 2012, Fuchs et al. 2016, Fuchs et al. 2018). Previous publications of the European Observatory on Health Systems and Policies, particularly in the Health Systems in Transition (HiT) series, were identified for each included country and the Health Systems and Policy Monitor (www.hspm.org) was searched for relevant updates. Subsequently, collaborators from the selected countries were asked to verify and expand on the identified information.

Overview of results

Information on the regulation and coverage of ATs in included countries is presented briefly below and organized thematically following the analytical framework detailed above.

Mandate, Alignment and Accountability

Many ATs are classified as medical devices and are thus covered by the Medical Device Directives (and the succeeding Medical Device Regulation, adopted in 2017); these apply for all EU Member states as well as countries in the European Economic Area, such as Norway. A prerequisite for such technologies to enter the European market has been the European Conformity (Conformité Européene [CE]) marking. This is assigned by one of the Notified Bodies – an entity under private law that has been accredited by a EU Member State – to ensure that the device follows the applicable regulation; the criteria for obtaining the CE mark vary by risk level of the device in question. However, obtaining the CE mark does not require a profound demonstration of effectiveness or safety based on scientific clinical data for any device type. As assistive devices often fall into lower risk classes, a lack of robust evidence regarding clinical effectiveness at the premarket stage is still the norm. Even the newly passed EU regulation on MDs (Medical Device Regulation 2017/745, MDR), does not adequately address this issue.

Once the CE mark has been granted, European countries use different ways to define access to assistive devices and their funding and reimbursement.

In **Germany**, the basic entitlements of the population in the social health insurance (SHI) system for receiving assistive devices are defined in the Social Code, Book V (SGB V). The Social Code regulates rules for providing and financing social services (including health care) at the federal level. Additionally, the Federal Joint Committee (Gemeinsamer Bundesausschuss, G-BA), the highest decision-making body in the self-governance of insurers, hospitals, physicians and dentists, is responsible for determining the benefit package by issuing relevant directives. In this context, it also ensures the adequate, expedient and cost-effective provision of ATs for the insured population (Busse et al. 2005). The directive on assistive devices broadly defines the situation in which patients are entitled to AT benefits and limits the prescription of ATs to the following cases: ensuring the success of medical treatment, preventing potential/imminent health damage, preventing the health endangerment of a child, and avoiding or reducing the risk of long-term care. The directive also establishes the fundamentals of a benefit catalogue for assistive devices. This

includes a list of assistive devices subdivided into 33 categories with individual products that can be provided at SHI expense (Busse and Blümel 2014). The Federal Association of Sickness Funds administrates this quasi-positive list and regulates quality requirements. If a certain device is not included in the SHI benefit package, sickness funds decide on a case-by-case basis whether to provide it. Separate provisions for the inclusion of people with disabilities and the provision of ATs apply under employment law. The German constitution was amended to include a provision against disadvantaging persons with disability ("*No-one should be disadvantaged because of their disability*", Article 3).

In Italy, the provision of ATs is part of the National Health System (NHS). This is set out in Ministerial Decree n. 332 (27 August 1999). The Decree sets the rules that explain in detail who is entitled to an assistive device and under which conditions. Provisions for the protection of persons with disabilities are anchored in the Italian Constitution; Law 102/2009 further stipulates that if the working capacity of a person is reduced by at least one third (33%) due to chronic or permanent illness (physical, mental or intellectual), that person can receive benefits in financial support and in kind; these benefits depend on the extent of disability. The decentralized nature of the health system (Ferre et al. 2014) means that regional health authorities have the main responsibility for organizing the provision of ATs while local authorities are tasked with their delivery to the residents in their catchment area, often supplemented by charities and patient organizations. Schools collaborate with local health authorities regarding the provision of ATs for educational purposes while the national system for insurance for labour accidents is involved where applicable. ATs along with other products covered by the NHS are listed in the tariff catalogue ("nomenclatore tariffario"). To be covered, they need to be prescribed by a physician with a relevant specialty (Cullen et al. 2012).

In **the Netherlands**, the regulatory framework for ATs consists of several (sometimes overlapping) insurance schemes and programs:

- Health Insurance Act (ZVW: a national program for curative care carried out by competing social health insurers;
- Social Support Act (WMO): the main legislation covering AT for home/ independent living and organized and implemented by the municipalities;
- Long Term Care Act (Wlz): the national program for long term care, which covers long-term inpatient care (in nursing homes). The scheme is carried out by regional care offices (zorgkantoren), which are run by the dominant care insurer of the respective regions;

- Act for Employment and Income According to Employment Capacity (WIA): The Employees Insurance Administration Office (UWV) has a central role in relation to AT for work/employment.

Everyone is mandated to purchase health insurance under the ZVW and a large number of private insurers compete on the market; those on low incomes receive tax subsidies towards their premiums. The benefits under the WMO and Wlz are accessible to all. The Social Support Act of 2015 stipulates that people should be compensated for their inability to participate in society, supported by municipalities. This includes, for instance, domestic care, transport facilities, aids such as wheelchairs and house adjustments. Municipalities must first explore the opportunities for applicants to take care of themselves, with the help of their social network. If these are considered insufficient, publicly funded support will become available; recipients may be asked to share in the cost on the basis of their income (Kroneman et al. 2016). Certain types of ATs are reimbursed through (private) health insurance.

In **Norway**, the provision of assistive devices is based on individual rights and covered by the Act on Social Security (or National Insurance Act, *Lov om folketrygd*). They must be both necessary and appropriate with regard to improving the user's ability in performing activities and participating in daily life. Local authorities have the fundamental responsibility for health care, social and rehabilitation services, including the provision of assistive devices. There are 18 regional assistive technology centres covering the entire county and serving as a referral system. They give guidance to the local authorities and other relevant stakeholders aiming to ensure that users receive the same quality of care regardless of where they live. ATs are purchased, adapted/adjusted and delivered to the local authorities by the assistive technology centres. In this context, procurement framework agreements are made with various dealers of assistive devices (NAV 2017). From the regulatory perspective, the Working Environment Act (*Arbeidsmiljøloven*, 2005; § 4-4) further cements entitlements to AT; it stipulates that it is the responsibility of the employer to facilitate equal workspace access for all employees and provide ATs accordingly.

In the **United Kingdom**, there are substantial differences among the four countries (England, Scotland, Northern Ireland and Wales). Broadly speaking, responsibilities for AT provision fall within the scope of both the health services (National Health Service - NHS) and local authorities as part of social services. The NHS covers ATs for mobility, hearing and vision aids and communication aids, as well as orthoses and prostheses, while local authority social services departments are mainly responsible community equipment services. NGOs are also key players in providing consolation services to patients in need of ATs. The NHS is a tax-funded system which

covers all residents, largely free at the point of use. It was created with the National Health Service Act of 1946, last modified by the National Health Service Act of 2006 and the Health and Social Care Act of 2012. The scope of benefits covered by the NHS is not a priori set out in legislation. Rather, it provides services "to such extent as [considered] necessary to meet all reasonable requirements" (Mason 2005). However, the promotion of equality and fairness - including the right to not be discriminated against based on disability - are clearly outlined in its guiding principles, as is the importance of value for money and sustainability (see also the NHS Constitution of 2015).

Table 2: Mandate and Accountability

Category / Country	Governing Legislation	Regionally Administered	Flexibility of Individual payers	Substantial role of charities
Germany	SGB V/ IX	no	yes	no
Italy	Law 104/92 MD 332/1999	yes	n.a.	yes
Netherlands	SSA	locally	yes	no
Norway	ASS	Locally (regional re-ferral system)	n.a.	no
United Kingdom	NHS Act	Yes / local	n.a.	Yes

n.a.: not applicable

Eligibility

A commonality among included countries is that the eligibility for receiving ATs at the cost of the statutory health system relies on an assessment of the individual needs of the patient, mirrored in a prescription by a health professional competent in the area of the person's disability. This usually needs to be further authorized by the instance responsible for providing and/or covering the devices. For example, **in Italy,** the local health authority of residence has to document confirmation of eligibility so that the patient can receive ATs. While age or income do not seem to be a prominent influencing factor in a direct way, different eligibility criteria governing ATs used in the context of employment or education mirror the consideration of separate patient groups. Means testing is used **in the UK** in the context of locally determined eligibility for related services provided

at the community level – those who do not meet them have to purchase AT privately, potentially with NGO assistance. Local authorities (or councils) are responsible for that determination (NHS 2018a). The basis of distinction between AT being provided by the NHS or through council funding lies with its application for healthcare or social care purposes. Certain adults with long-term complex health needs are eligible for “NHS continuing healthcare”, that is free social care arranged and funded solely by the NHS. Entitlement is determined following an assessment by a multidisciplinary team organized by NHS Clinical commissioning groups (CCGs), which commission local health services (NHS 2018b). The needs and provided support of individuals eligible for NHS continuing healthcare are reviewed at least annually after the initial assessment, among others to determine continued eligibility.

In **Germany**, all individuals under social health insurance are eligible for assistive devices that are necessary to ensure success of treatment and prevent or compensate disabilities unless these devices are consumer applications of daily use. Especially in the case of expensive technologies, patients must submit an application for the provision of an assistive device to the sickness fund along with the prescription, which must attest the medical need for the device. In addition, the provider of assistive devices (i.e. persons or institutions authorized to supply assistive technologies, e.g. medical supply stores or orthopedic workshops) must submit a general cost calculation to the sickness funds. However, the sickness funds can obtain expert advice concerning a patient’s application. In this case, the SHI Medical Review Boards monitor the applicant’s medical need for an AT. Finally, sickness funds must approve the application to guarantee the provider receives remuneration according to the contracts, agreements or reference prices. The criteria for eligibility are broadly defined in the Social Code, Book V (see above). Specific restrictions apply to certain AT categories (e.g. vision and hearing aids, see below). Review of eligibility is triggered through a change in diagnosis certified by a medical professional.

In **the Netherlands**, eligibility requirements reflect the complexity of the system described in the previous section. Under the ZVW, the insured or (para)medical professional treating the insured person makes a request for a AT. The Zorginstituut has issued a document describing exactly which ATs are under the Zvw and which under the Wmo. Generally speaking, short term use (less than 6 months) falls under the Health Insurance Act (e.g. for wheelchairs, hoyers etc), while long term use under the Social Care Act. In part, this mirrors practices in the UK, described above. The insurer decides on the basis of their expertise, policy and the case description whether the application for AT is eligible. Under the WMO, a resident of the municipality seeking services must

first go to the WMO “window”, which can either be a website or public facility. Qualified WMO personnel (e.g. OTs) make an initial intake assessment in order to identify the nature of the participatory need. Where necessary a home visit can be made to assess the physical and social environment, personal factors, and other background information. A second opinion can be requested in complex cases. The Wlz only covers AT for individuals living in nursing homes. Those living at home will have to go to their municipality to receive ATs under the WMO. Eligibility is determined by the Centre for Needs Assessment (CIZ) but the responsibility of purchasing AT is delegated to care offices (Zorgkantoren). In general, the systems operate to avoid overlap or duplication, but people can make use of both regulations simultaneously but not for the same type of AT. A power wheelchair could be provided by the municipality but a robot arm attached to the wheelchair would be provided by the health insurance. The government sponsors a website called hulpmiddelenwijzer.nl where 457 different medical devices are listed. It contains information on the device, its cost and whether they are covered by any of the regulations.

In **Norway**, the definition of eligibility contains the aspect of permanence: persons whose functional capacity is impaired for more than two years are entitled to receive financial support for ATs under the national insurance scheme. Those with a temporary need for assistive devices must apply for financial support elsewhere, usually through the local authorities (NAV 2017). In any case, eligibility is determined by trained personnel (usually occupational therapists or physiotherapists) are responsible for identifying and assessing user needs, recommending and providing assistive devices, as well as following up the users’ situation in daily life.

Table 3: Eligibility Criteria

Category / Country	Individual needs assessment	Age	Income	Disease	Long-Term Condition	Separate regulation for entitlement based on employment or education
Germany	x					x
Italy	x					x
Netherlands	x					x
Norway	x				x	x
United Kingdom	x		x		x	x

Devices Included

All countries in the sample cover the majority of ATs as operationalized for this work (see Methods section and Table 4, below). The broadest coverage is perhaps **in Norway**, where requests cannot be denied even under budgetary constraints and ATs for sport are also covered. As an example in this direction, since 2014, pupils with reading and writing impediments, and dyslexia, can apply every four years for a computer grant of approximately USD 400 (NAV 2018). **Italy's** positive list includes most of the typical ATs encompassing prosthetic, orthotic, orthopaedic and hearing equipment as well as wheelchairs, walkers, beds, hearing aids and incontinence aids. Communication devices and those for learning and cognitive development are included in the first list of the Tariff Catalogue ("Nomenclatore Tariffario), but are not addressed to the same extent. This is in part related to the relatively lax pace of updating the catalogue (the last revision of the Tariff Catalogue was on 12 January 2017, while the one before than was on 27 August 1999). Local authorities can decide to enable coverage to ATs not included in the national positive list.

Once again, **in the Netherlands**, the scope of devices covered depends on the stream of coverage, but overall all devices in the operationalization shown in Table 4 used to be accessible to citizens. The insurance companies are obliged to offer a standard package of cover ('basispakket'). The types of AT which are covered are defined by ministerial regulations: in this context, the ATs are not listed individually, but rather described functionally: e.g. there is 'material for absorbing urine' instead of 'diapers'. A range of ATs are in this benefit package and eligible for funding through insurance. Each municipality has its own regulations on what AT can be provided and its own budget. An agreement negotiated between the Ministry of Social Affairs, disability organisations and the Association of Dutch Municipalities aims to encourage uniformity in what is provided across all municipalities. However, differences between municipalities do occur in practice. AT provided under the WMO generally includes mobility/walking supports such as wheelchairs, scooters, adapted bicycles (also shared taxi services when possible) and home adaptations e.g. raised toilet seats, adapted bathrooms, stair-lifts (also coverage of costs for moving to an adapted home). Recent developments have led to the exclusion of certain ATs in the included categories: for example, walkers, crutches, special chairs and glasses are not reimbursed anymore by any of the schemes. This falls under the general reimbursement logic within the Dutch insurance system, whereby services (and technologies) which should be easily affordable by individuals are not subsidized by the public health care system. Another issue with accessibility concerns waiting times. Among Dutch AT users, many complain about waiting times for approval

of their entitlement (30%) but also delivery of the device once it has been approved (39%). However, the biggest problem seems to be waiting for the repair or replacement of ATs already in use (mentioned by 47%) although temporary replacement is available in most cases (Van Harten & Toersen 2015).

Looking at the financing aspect of reimbursed ATs, **in Germany**, the Federal Association of Sickness Funds is responsible for selecting which ATs can be submitted to the reference pricing system and for defining reference price limits for each group. Patients have to pay the difference between this price limit and the selling price of the device (see also next section on coverage). Currently reference pricing applies to ATs including hearing aids, incontinence products (except incontinence pads), devices for compression therapy, visual aids. Additionally, contracts are used for a variety of assistive devices (e.g. hearing aids, visual aids, incontinence pads, nursing beds, orthopaedic footwear etc.). Coverage of hearing aids is restricted to specific indications only, while eligibility for visual aids is additionally subject to age specifications.

In the **United Kingdom**, while all categories seen in Table 4 are covered, coverage may be tied to certain conditions or apply only to certain device types and models. For example, to get a wheelchair funded by the NHS, a patient would need to be referred by their GP, hospital doctor, physiotherapist or occupational therapist to their local wheelchair service (waiting times can reach several weeks). While NHS wheelchairs are available to all those who have a long-term need for mobility help, more advanced ATs such as mobility scooters require private or charitable expenditure. The NHS may also loan wheelchairs to patients with short-term needs, for example following orthopaedic surgery. Perhaps similarly to the German reference pricing system mentioned above, some NHS wheelchair services offer a voucher scheme: patients receive a voucher for the value of the chair they would have received by the NHS. They can use it to cover part of the costs of a wheelchair of their choice bought privately or in partnership with the NHS (NHS 2018c). Vouchers are also available for certain types of patients (minors, those receiving income support or related allowances) to help towards the cost of glasses or contact lenses, which are typically not covered. For household aids, which are covered by the local councils upon determination of eligibility, the patient's out of pocket costs depend on the type of technology. Home equipment should be provided free by the responsible local council, as should minor home adaptations (up to GBP 1000), such as short ramps, grab rails and lighting sensors. However, more expensive home adaptations like stair rails, stair lifts and bathroom extensions usually require out-of-pocket spending. Grants for equipment and home adaptations are available from a number of charities. Hearing aids are available on the NHS as a long-term loan; the most modern options extend to behind-the-ear

(BTE) or receiver-in-the-ear (RITE) devices. More advanced models need to be purchased privately. While waiting times for getting a hearing aid on the NHS are relatively long, free batteries and repairs are covered for as long as the patient uses the device (NHS 2018d).

Table 4: Devices Included

Category / Country	Mobility Aids	Household Aids	Respiratory Aids	Audio, Visual, Communication Aids*
Germany	x	x	x	x
Italy	x	x	x	x
Netherlands	x	x	x	x
Norway	x	x	x	x
United Kingdom	x	x	x	x

***Spectrum of category covered is variable*

Purchasing arrangements and patient cost-sharing

In **Germany** assistive devices are nearly fully covered, with modest cost-sharing. Sickness funds can use three types of contracts to procure ATs: a) sickness funds and their associations are authorized to issue tenders for contracts with providers of ATs, as long as economic efficiency and quality of care are ensured (e.g. for low-cost devices such as incontinence pads); b) if no tenders are issued, the contract partners conclude contracts according to the specific details of AT care as regulated. In these cases, sickness funds have to announce publicly their intention to enter into a contract with providers (e.g. wheelchairs); c) if contracts that meet the previously described models do not exist, or if care cannot be provided in a reasonable way (e.g. in the case of customizable ATs or devices which require a high proportion of accompanying services) sickness funds and the provider of AT are permitted to conclude individual agreements on a case-by-case basis (e.g. specifically customized sitting aids). A precondition for all three types of contracts is a negotiated price which is lower than the existing reference price [(§ 127 SGB V]. While the reference pricing system is valid for everyone with social health insurance, contracts are valid for the insured of the respective sickness funds. There are two components to the costs borne directly by users of otherwise covered AT: 1) there is a 10% coinsurance on the retail price of the AT payable to the device provider, capped at both ends (minimum of 5 and a maximum of 10 euros co-payment). For consumable ATs, patients pay a maximum of 10€ per month; 2) patients have

to cover the differential between the reimbursement limit set by the sickness funds (see previous section) and the selling price if they choose a product with a higher price than the one set in the reference pricing system or in individual contracts between their insurer and the AT provider (see above). Exemptions from co-payments in the first component are granted to specific population sub-groups (e.g. children up to the age of 18 years, low-income or high-need patients) and there is a cap of total out-of-pocket expenditure set at 1% of annual income.

In **Italy**, the Ministry of Health establishes the categories of assistive devices eligible for provision through the NHS as well as their prices, detailed in the Tariff Catalogue (see above). ATs included in the tariff catalogue are supplied free of charge or reimbursed up to the levels stipulated in the list (users opting to purchase more expensive products have to cover the difference between reference and product price, as in Germany, above). For the ATs in List n. 1 (e.g. audio, visual and communication aids) and 3 (e.g. respiratory aids) of the Tariff Catalogue, reimbursement prices are set centrally and the local health authorities procure them from the manufacturing companies. For the ATs in List n. 2 (including mobility and household aids), local health authorities procure them through tenders. In general, users are free to choose their AT suppliers they wish, unless there is a public procurement contract with specific companies. Repairs of devices under warranty are provided by the manufacturing company supplying the local health authority; it is the responsibility of the patient to contact the company (or the supplier of ATs in List 2). The Tariff Catalogue indicates which repairs are to be borne by local health authorities in all other cases (outside warranty).

In **the Netherlands**, some cost-sharing applies, e.g. 25% on hearing aids or 69 euro for orthopedic shoes. Also, ATs count towards the general deductible of 385 euro applicable for all services used under the ZVW. Children below 18 are exempted. For ATs under the WMO mostly income-dependent cost-sharing applies and varies strongly among municipalities. Only wheelchairs are currently excluded from cost-sharing by law. However, there is a plan to introduce a fixed co-pay of 17.50 euro per month for all ATs via the Wmo in 2019. Under the Wlz, there is generally no cost sharing requirement. Many Dutch citizens also purchase supplemental insurance to cover AT costs. Under the Zvw, there are hardly any devices for which cost-sharing applies (beyond the ones mentioned above, artificial hair for cancer patients has a co-pay); the supplemental insurance may cover non-covered ATs, such as glasses, or part of the cost-sharing (e.g. for hearing aids). No supplemental insurance exists for ATs delivered via the Wmo. In a recent survey, 38%

of AT users experience OOP as problematic. Before purchasing a device, 31% of respondents did not know whether it would be reimbursed and 21% were uncertain about whether cost-sharing would apply. Therefore, there seems to be room for improvement regarding both the availability of Information as well as patients' awareness of its existence. Regarding contracting arrangements, the same survey showed that 32% of Dutch AT users lament that they can only receive products from manufacturers that have a contract with their insurer or municipality and 30% complain that choice is too limited (28% see limited choice as a real problem) (Van Harten & Toersen 2015). It should be noted that de facto choice may be higher than the respondents realize; it is possible that the insurer or municipality direct consumers to certain devices as a result of selective contracting or used guidelines even though they are entitled to different devices as well.

In Norway, most ATs are provided to users free of charge. Financial support is not given for ATs which are routinely used by non-disabled persons. These can be household appliances such as washing machines, television sets and ordinary kitchen equipment. However, extra equipment to adapt these appliances would be covered in the AT system. Similarly, for car-related adaptations, the provision of the vehicles themselves is subject to income restrictions but the equipment for adapting them to the user's needs is covered. For major categories of ATs, the Norwegian Labour and Welfare Service enters into procurement framework agreements for the whole country with individual dealers. These ATs constitute the national assortment. Assistive technology centres make their own agreements directly with the dealers for some of the smaller categories of ATs. The national assortment covered 90-95% of all ATs dispensed in 2016 (NAV 2017). There is a well-functioning system on refurbishment of used ATs. The devices are cleaned and maintained before they are provided to new users. Refurbished assistive devices represented a new price value of approximately 78 million euros in 2016. In the same year, around 29% of the assistive devices provided to users were refurbished ones. The Norwegian government appointed an expert commission in 2015-2016 to carry out a comprehensive evaluation of the Norwegian policies on assistive devices, examining organisational principles, cost-effectiveness and the level of competence in provision as well as predict future demands. In 2017, following their evaluation, the commission recommended continuing with current practice for investment in crucial assistive technologies, as defined by the National Insurance Act. The ongoing nationwide municipal reform, reducing the overall number of municipalities from 422 to 356 by 2020, aims to strengthen and

achieve better integration of local social welfare and healthcare services. Accordingly, the commission report suggests shifting responsibility for the procurement of more basic and highly frequent assistive technologies from the state to the municipalities (Government of Norway 2017).

In the **United Kingdom**, ATs made available by the NHS are generally free of charge and provided directly in the context of service delivery. For certain types of ATs, such as wheelchairs, a voucher scheme is in place, enabling broader choice for users, who can obtain their devices from certain retailers and cover any expenses exceeding the value of the voucher they have been issued (see more detail under “Devices included”, above). Relevant to the taxonomy used for this work, AT for mobility aids, hearing and vision aids (excluding, as in other countries in this work, regular prescription eye glasses and contact lenses) and communication aids, as well as orthoses and prostheses are generally provided free of charge under the NHS. In June 2006 the Department of Health launched an initiative to transform the way community equipment, such as ATs, was provided. The new approach was based on a principle similar to that of the voucher scheme as well as to processes like the ones in other countries, like Germany, aiming to enhance patients’ choice and control. This initiative, named “Transforming Community Equipment Services” introduced the so-called “Retail Model” of AT provision, also known as the “National Catalogue Prescription Scheme”, which is in operation in some parts of the country (local authorities could decide on participation). For devices falling under the category of “Simple Aids to Daily Living (SADLs)”, relevant health professionals issue a prescription that can be filled at accredited retailers. This means that users can choose both the retailer and the specific item of equipment they wish to own as well as “top up” and opt for more expensive models than the ones they would have been issued by integrated services, covering the cost difference out of pocket. A national catalogue of equipment that may be provided by prescription has been developed, including tariff prices, with flexibility on which of the items in the catalogue will be included in schemes at local level. For example, some models of grab rails, raised toiled seats and a small range of sensory communication equipment are included in the national catalogue (DLF 2018). Even in areas operating the scheme, more complex equipment with high maintenance needs is still provided by the public services in the traditional way and is essentially “loaned” to the user, as are customized ATs (such as hearing aids).

Table 4: Coverage

Category / Country	Full Coverage?	Partial Coverage?	Government payer of last resort?	Loaned Devices? (deposit, rental fee)	Tax Deductions?
Germany	yes	yes	no	some	no
Italy	yes	yes	no	some	yes
Netherlands	yes	yes	no	some	yes
Norway	yes		no	yes	no
United Kingdom	yes	yes	no	yes	no

Evidence-based decision-making for coverage of ATs

In European countries, it is common practice to carry out post-marketing evaluations of the consequences on introducing a (new) technology in the statutory health system, known as **health technology assessment (HTA)**. HTA aims to enable evidence-based coverage decision and aid reimbursement and/or pricing processes, depending on the system. Beyond safety and clinical effectiveness, HTA often deals with the economic, social, ethical, legal and organizational implications of a health technology. Formal evaluation tracks linked to coverage decision-making are almost universally in place for pharmaceuticals, but an increasing number of countries also evaluates medical devices to determine the conditions of their financing from public funds. However, ATs are not as frequently evaluated as other technologies.

Indeed, the remit of the majority of European HTA institutions mainly encompasses the assessment of high-risk medical devices or those with a high economic impact. An overview of institutional capacity and process in most of the countries in our sample can be found in Annex 1. Medical aids used directly by patients seem to be less frequently considered, usually due to the regulatory background. Recent work from our Department mapped HTA reports produced by European HTA institutions between 2005 and 2015 on a taxonomy for medical devices which assigns separate positions to device types depending on functionality, risk level and diagnostic or therapeutic purpose. We found that out of a sample of 1237 reports on medical devices, produced by 33 institutions, only 7% (n= 86) evaluated assistive devices (a detailed breakdown and relevant sources are provided in Annexes 2 and 3).

Outlook

All countries in the sample examined above seem to provide comprehensive coverage to the ATs examined in this work, although some systems (e.g. Norway), seem to be easier to navigate than others (e.g. the Netherlands). The regulatory framework and level of delivery of ATs and related services mirror the general structure of the system, but intersectorality is an important issue that needs further exploration before the breadth and meaningfulness of access to ATs for the population can be truly evaluated. This was also recognized by the European Parliament, whose European Technology Assessment Group carried out a comprehensive evaluation of the provision, utilization and future perspectives of ATs in Europe. In the overview of the study's key results, it is clearly stated that "(…) a proactive approach should be taken to ensure that current and future ATs respond to the needs and challenges of society. (…) A 'one size fits all' approach to promoting ATs may be inappropriate, as individuals have different needs, desires and preferences, and live in different social, economic and infrastructural contexts. (…) Technology alone is not enough and should be combined with social and regulatory action." (EPRS 2018).

Even in countries with National Health Service systems, some flexibility seems to be granted to the local level regarding both coverage and procurement options, which mirrors practices in insurance systems. Research from Germany shows substantial regional variations in the utilization of ATs, which may be not solely attributable to morbidity gradients; no explanatory work seems to have been carried out yet, but variability in practices of individual insurers and prescribers could be a contributing factor, mirroring evidence from other countries with flexibility at the point of service delivery (e.g. the Netherlands). Evidence from the Netherlands suggests AT users may face challenges in choice limitations and OOP resulting from contracting practices and benefit design, respectively. Choice limitations seem to have been an issue in the UK, motivating changes that led to the introduction of a "retail model" of AT provision, which has, however, not been uniformly adopted across the country. However, a more granular look is required to better understand the dynamic of contracting arrangements and their impact on availability and financial protection. This presupposes the availability of good data across the studied countries; a first attempt by collaborators in this report to identify corresponding datasets suggests that only a limited set of questions would be easily explored and that there is variability within the sample in the scope and quality of available information.

Information availability is an issue in a different respect as well: overall, countries differed in the amount, level of detail and presentation of online information regarding the reimbursement of ATs and/or ways of obtaining them. While the English NHS provided detailed information on most of

the AT categories included in this work in its NHS Choices pages, research from the Netherlands suggests that in the area of ATs, the vast majority of users look for personal advice, especially that of their provider, rather than guidance from online sources (Van Harten & Toersen 2015).

While charities related to the provision of services, including ATs, for persons with disabilities seem to be active in all countries in the sample, the most formalized role appears to be in the UK. The aforementioned NHS Choices website clearly points users in the direction of charity support (for two examples, see Annex 4).

Previous work suggests that evidence-based approaches are not the norm for the inclusion of (new) assistive devices in positive lists among the studied countries. The necessity for such evaluations in not self-evident and a more detailed analysis of their meaningfulness in this context could be indicated. In general, a more in-depth look at individual aspects from this worked, potentially backed by quantitative analyses would be welcomed by the authors.

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ANNEXES

Annex 1 - Overview of selected institutions and information about their role and scope (HTA of MDs in European Countries)

Supplementary material: From Fuchs S, Olberg B, Panteli D, Busse R (2016): Health Technology Assessment of medical devices in Europe: processes, methods and practices. Int J Technol Assess Health Care; 32(4):1-10. DOI:10.1017/S0266462316000349

Country	**Institution**	**Role**		**Scope**				
		Type of institution	*Date of establishment*	*Types of technologies addressed*	*Evolutionary stage technologies assessed*	*Explicit process for priority setting*	*Criteria for priority setting*	*Definition of Medical devices*
DE	DAHTA@DIMDI*	National governmental institution	2000	D, MD, P, S	ES, N	Yes[b]	2-5, 6	Regarding EU law (93/42/EEC, 90/385/EEC, 98/79/EC)
	G-BA	National governmental institution	2004	D, MD, P, S	ES, N	*Not applicable (depends on the pathway, mostly requests by stakeholder organisations)*		Regarding EU law (93/42/EEC, 90/385/EEC, 98/79/EC)and institutions own definition
	IQWiG	Independent research entity with function as governmental institution	2004	D, MD, P, S	ES, N	*Not applicable (set by commissioning institution: G-BA, MoH; criteria only for patient documents in place)*		Definition of technology/ health technology (including MDs)
IT	Agenas	National governmental institution	1993	MD, P	ES, N, E	*Not applicable (set by commissioning institution: RHS, NHS)*		Regarding EU law (93/42/EEC, 90/385/EEC, 98/79/EC)

Country	Institution	Role		Scope				
		Type of institution	*Date of establishment*	*Types of technologies addressed*	*Evolutionary stage technologies assessed*	*Explicit process for priority setting*	*Criteria for priority setting*	*Definition of Medical devices*
	ASSR	Regional governmental institution	1995	MD, P	E	*No information*		*No information*
	Regione Veneto	Regional governmental institution	1993	D, MD	E	*No information*		*No information*
	A. Gemelli UVT	Hospital unit/group	2001	D, MD, P, S	*No information*	No		*No information*
NL	ZiN	Independent research entity with function as governmental institution	1949	D, MD, P, S	ES, N	Yes	2-5	*No information*
	iMTA/iBMG	Independent research entity (non-academic)	1988	D, MD, S	*No information*	*No information*		*No information*
NO	NOKC	Independent research entity with function as governmental institution	2004	D, MD, P, S	ES, N, E	Yes	2-4, 6	*No information*
UK/ England & Wales	BAZIAN	Company	1999	D, MD, P	*No information*	*No information*		*No information*
	CRD	Independent research entity (academic)	1994	D, MD, P, S	ES, N	*Not applicable (set by commissioning institution)*		Definition of technology/ health technology (including MDs)

Country	Institution	Role		Scope				
		Type of institution	*Date of establishment*	*Types of technologies addressed*	*Evolutionary stage technologies assessed*	*Explicit process for priority setting*	*Criteria for priority setting*	*Definition of Medical devices*
	NICE	Non-departmental public body with legislative function	1999	D, MD, P, S	ES, N	Yes	1-4[e]	Regarding EU law (93/42/EEC, 90/385/EEC, 98/79/EC)
	NIHR_HSC	Independent research entity with function as governmental institution	1998	D, MD, P, S	E	Yes	6	*No information*
	NIHR_NETSCC	Independent research entity with function as governmental institution	1996	D, MD, P, S	ES, N	Yes	2-4, 6	Definition of technology/ health technology (including MDs)
	PenTag	Independent research entity (academic)	*No information*	D, MD, P	ES, N	*Not applicable (set by commissioning institution)*		*Not applicable (defined by commissioning institution)*
	Unif Shef	Independent research entity (academic)	2002	D, MD, P	ES, N	*Not applicable (set by commissioning institution)*		*Not applicable (defined by commissioning institution)*
UK/ Scotland	SHTG/HIS	National governmental institution	2011	D, MD, P, S	ES, N, E	Yes	2-6	Definition of technology/ health technology (including INHATA/HTAi definition from HTA glossary)

Notes: D= Drugs, MD= Medical Devices, P= Procedures, S= Systems; Evolutionary stage of technologies assessed (own categorisation): ES= Established, N= New, E= Emerging; Criteria for selection and prioritisation of technologies for assessment: 1. Societal criteria, 2. Economic criteria, 3. Epidemiological significance of disease/burden of disease, 4. Medical-scientific criteria, 5. Criteria concerning HTA production (e.g. feasibility), 6. Other criteria that don't fit in the categories (e.g. criteria depend on commissioning institution; within the scope of the mission); Definition of Medical Devices: own categorization based on available information; [a] reviews only technologies which have been 'contested or are controversial' as to their effectiveness, appropriateness, and/or cost-effectiveness; [b] via Delphi approach; [c] HTA has also been used to assess medical technology and services, though only informally; [d] on a trial basis; [e] refers to the technology appraisal process, criteria in place for the different tracks; [*] no further research grants for HTA projects beyond 2015.

Annex 2 - Taxonomy for medical devices and number of technologies identified during the plausibility testing including actual examples from the HTA report pool

From Fuchs S, Olberg B, Perleth M, Busse R, Panteli D (2018): Testing a new taxonomic model for the assessment of medical devices: is it plausible and applicable? Insights from HTA reports and interviews with HTA institutions in Europe. Health Policy; Available online 14 March 2018; https://doi.org/10.1016/j.healthpol.2018.03.004

Classification criteria of EU-Directives according to risk aspects:		Classification according to the relevance of product & service and reimbursement characteristics (includes OECD Classification of Health Care Functions) + HTA logic					
		Diagnostic Technologies 409			Therapeutic Technologies 987		
		Assistive technology devices (directly used by patients) A1	Artificial body parts (implanted by medical procedure) B1	Medical devices for the assistance of medical professional C1	Assistive technology devices (directly used by patients) A2	Artificial body parts (implanted by medical procedure) B2	Medical devices for the assistance of medical professional C2
		Example *No.*	*Example* *No.*	*Example* *No.*	*Example* *No.*	*Example* *No.*	*Example* *No.*
93/42/EEC	I	0		Ophtalmo-scope 9	Wrist splint; Insoles 27		Wound dressing 11
	IIa	Home blood pressure monitor 13		MRI; Ultrasound 177	Hearing aids 18	Grommets; Dentures 12	TENS device 128
	IIb			X-ray imager 79	Insulin pumps 17	Intraocular lenses; BAHAs 91	Endovenous laser therapy 341
	III		Pulmonary artery pressure monitor 1	OCT using catheter 1	Silver dressings 4	Stents; TAVI 126	Intracoronary brachy-therapy 128
90/385/EEC	IV		ICD: heart monitor unit 7			ICD: defibrillator unit 84	
98/79/EC	V	Glucose strip; Pregnancy test 7		HPV test; Genetic tests 115			

Annex 3 – Examples of HTA reports on ATs

Mobility aids

- CAHIAQ (Aquas): Ortesi de genoll postreconstrucció del lligament creuat anterior (Using a knee brace after reconstruction of the anterior cruciate ligament), 2011: http://aquas.gencat.cat/ca/detall/article/ortesi_genoll_postreconstruccio_LCA_IN_aiaqs2011ca
- NICE: The geko device for reducing the risk of venous thromboembolism (MTG19), 2014: https://www.nice.org.uk/Guidance/MTG19/resources
- NIHR: Graduated compression stockings for the prevention of deep vein thrombosis in post-operative surgical patients; a systematic review and economic model with a value of information analysis, 2015: https://www.journalslibrary.nihr.ac.uk/hta/hta19980#/hometab0
- SHTG/HIS: Advice Statement 006/13 Are wrist splints or steroid injections clinically and cost-effective in mild to moderate carpal tunnel syndrome compared with decompression surgery?/ Technology Scoping Report 15 Can wrist splints or steroid injections reduce the need for decompression surgery in carpal tunnel syndrome: http://www.healthcareimprovementscotland.org/our_work/technologies_and_medicines/earlier_advice_statements/advice_statement_006-13.aspx

Household aids

- HAS, 2010: above

Respiratory aids

- FinOHTA: Mechanical non-invasive cough assist device, 2010: https://www.google.de/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0ahUKEwi1ve_2gJHaAhVEKlAKHVBKDnoQFggsMAA&url=https%3A%2F%2Fthl.fi%2Fattachments%2Fhalo%2Fsummaries%2FSLL_2010_Mekaaninen_yskit-yslaite_yskimisen_avustamisessa_eng.pdf&usg=AOvVaw1lzKCN_xamPbxJKXUzbJjh
- HAS: Evaluation des dispositifs médicaux et prestations associées pour la ventilation mécanique à domicile (mechanical ventilation, home), 2013: https://www.has-sante.fr/portail/jcms/c_1348270/fr/evaluation-des-dispositifs-medicaux-et-prestations-associees-pour-la-ventilation-mecanique-a-domicile

- KCE: Home Oxygen Therapy, 2008: https://kce.fgov.be/sites/default/files/atoms/.../kce_156c_home_oxygen_therapy_0.pdf
- NICE, UK: Continuous positive airway pressure for the treatment of obstructive sleep apnoea/hypopnoea syndrome (TA139), 2008 (Update in 2012): https://www.nice.org.uk/guidance/ta139

  SHTG/HIS: Airsonett® (temperature controlled laminar airflow device), 2015: http://www.healthcareimprovementscotland.org/our_work/technologies_and_medicines/shtg_imto/imto_003-2015.aspx

Audio, Visual, and communication aids

- HAS: Devices for hearing impairment (Evaluation des appareils électroniques correcteurs de surdité), 2008: https://www.has-sante.fr/portail/jcms/c_702730/fr/evaluation-des-appareils-electroniques-correcteurs-de-surdite
- KCE: Hearing aids in Belgium: health technology assessment, 2008: https://kce.fgov.be/en/hearing-aids-in-belgium-health-technology-assessment

Annex 4: Examples from the NHS Choices Website

Example 1: Mobility aids

How to get an NHS wheelchair or scooter

NHS wheelchairs are available to people of all ages who have a long-term need for mobility help. However, your eligibility will be decided locally and can vary depending on where you live.

Some wheelchair services or local hospitals will also provide wheelchairs on loan in certain circumstances – for example, following surgery.

The NHS is unlikely to provide you with a mobility scooter.

NHS wheelchair services

Before you can get a wheelchair on the NHS, you'll have to have an assessment. This is done by the NHS wheelchair service, and will decide whether you're eligible for an NHS wheelchair and, if so, what type.

Assessments are usually carried out at the wheelchair service centre. You can have the assessment at home or at work, but you won't be able to see and try the full range of chairs available.

To get an NHS wheelchair assessment, ask your GP, hospital doctor, physiotherapist or occupational therapist to refer you to your local wheelchair service. Many wheelchair services have a waiting list for assessments, so expect it to take several weeks after being referred.

How to access a local physiotherapist.

How to get occupational therapy.

NHS voucher scheme

Some NHS wheelchair services offer a voucher scheme to widen your choice of wheelchair.

You receive a voucher for the value of the chair you would have been offered after your assessment that you can put towards the cost of a chair bought privately or in partnership with the NHS.

Other ways to get a wheelchair or scooter

Motability hire schemes

The Motability Scheme can be very useful if you want to hire or buy an electric wheelchair or scooter.

It's a not-for-profit scheme that allows people who receive the high-rate mobility component of Disability Living Allowance or th War Pensioners' Mobility Supplement to use their benefits to hire or hire purchase an electric wheelchair or scooter.

Local authority wheelchairs

Local authorities provide wheelchairs as part of their duty to help disabled children access education.

As well as providing children with wheelchairs, local authorities ar responsible for carrying out home adaptations if you need to use wheelchair at home.

The local authority is unlikely to provide you with a mobility scooter.

Contact your local authority for more information about what's available for you.

Charity wheelchairs

Local Red Cross branches can often lend wheelchairs and equipment for short periods.

Some towns or shopping centres have a Shopmobility scheme, where you can borrow a wheelchair or scooter to go shopping. It' run by volunteers and is usually free.

Better Mobility has a list of charities that can help to fund mobilit equipment.

Example 2: Home equipment

Home equipment: what's free and what's not

What's free

If a care needs assessment has concluded that you need this equipment, it should be provided free by your local council.

Minor home adaptations costing less than £1,000 are also free from your local council. These are often related to mobility and falls prevention, such as:

- a short concrete ramp or shallow steps
- grab rails
- automatic lighting at your front door

What you have to pay for

You may have to buy very small household aids yourself, such as kettle tippers. Use the self-assessment website, AskSARA to find out about the sort of equipment that is available and details of suppliers.

Councils can charge for larger, more expensive home adaptations. These include:

- stair rails
- ramps
- stairlifts (around £2,000 - £7,000)
- bathroom extensions

Apply for equipment at home if you're disabled

Grants for equipment, aids and home adaptations

Some home adaptations are expensive, but it may be possible to get help with the costs.

- a Disabled Facilities Grant is available for home adaptations
- the charity Independence at Home has grants for disabled people and those with a long-term illness
- Some local authorities can help with urgent home alterations or improvements

Where to find more help

Before you're provided with equipment or you buy it, it's worth getting independent advice to make sure it'll best meet your needs:

- Rica is an independent organisation that carries out consumer research for older and disabled people
- Disabled Living Foundation (DLF) is a national charity that provides free, impartial advice about all types of home adaptation and mobility products for disabled adults and children, older people, and their carers and families.
- Independent Age has advice on home adaptations
- Which? Elderly Care has information on stairlifts and choosing and fitting grab rails
- The Money Advice Service has advice about shopping around for disability aids and equipment

EVIDENCE REPORT

October 2018

Converge3

Integrating health, economic and equity evidence to inform policy

Assistive Devices: Regulation and Coverage in Australia

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Amy Nguyen, Meagan Warwick, Claire Boyling

About this Report

This report was produced by the Australian Institute of Health Innovation, Faculty of Medicine and Health Sciences at Macquarie University and the North American Observatory on Health Systems and Policies at the request of the Converge3.

About the North American Observatory on Health Systems and Policies

The North American Observatory on Health Systems and Policies (NAO) is a collaborative partnership of interested researchers, health organizations, and governments promoting evidence-informed health system policy decision-making. Due to the high degree of health system decentralization in the United States and Canada, the NAO is committed to focusing attention on comparing health systems and policies at the provincial and state level in federations.

AUSTRALIAN INSTITUTE OF HEALTH INNOVATION
Faculty of Medicine and Health Sciences

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NORTH AMERICAN OBSERVATORY on Health Systems and Policies

Contents

Introduction

In this preliminary report, a purpose-assembled team from the Australian Institute of Health Innovation (AIHI) provide an overview of the extant Australian federal, state and territory programs that provide, support and administer assisted devices to people with a disability. The following review presents summaries, original tables and figures, and a series of extracts and sources which map out the path for individuals, families and carers in obtaining access to assistive devices in Australia.

Firstly, an overview of the report and preliminary findings are provided as a summary of this complex issue. Secondly, the term 'assisted devices' will be discussed. This is a complex and ever-evolving term that differs from state to state. For consistency, this report will follow the definition used in the Canadian rapid review on assisted devices. This is the definition used in the United States of America Assistive Technology Act 2004: "any item, piece of equipment, or product, whether acquired commercially, modified or customised, that is used to increase, maintain, of improve functional capabilities of individual with disabilities" (Congress United States of America Government 2004).

Thirdly, the diverse federal, state and territory schemes will be discussed. The Australian government, from our analysis, appears to have divided the numerous schemes into two main categories, and therefore will be discussed as such in this report. These are those schemes targeted to the Australian population under the age of 65, and those over the age of 65. This differs from the Canadian rapid review, which mainly focused on the growing aging population of Canada. Regarding the schemes for those over the age of 65, an overview of the Australian system will be discussed, with the state of New South Wales used as a case study.

Lastly, a literature review has been included with multiple appendices which highlight the statistics of the Australian population and healthcare system in reference to people with a disability.

1. Overview and preliminary findings of assistive devices in Australia

- If you have a permanent and significant disability, are under the age of 65, and an Australian resident, you will likely be covered for an assistive device (AD) by the National Disability Insurance Scheme (NDIS). This scheme is new and is currently being rolled out state by state (2016 – 2019)
- The National Disability Agreement (NDA), a similar scheme existing prior to the NDIS, still exists, and seems to have wider coverage (as there is no age cap), but it is currently being phased out, to be replaced by the NDIS
- The government funding available for assistive devices are a mixture of federal, state and territory funding, but the funding decisions and policies are controlled by state and territory governments. Access to assistive devices is heavily reliant on availability of resources
- There are several independent and not-for-profit organisations that support the community with assistive devices, which are state-specific and are tailored to a particular disability
- Each state appears to have varying definitions on what is considered an 'assistive device' – the term 'assistive technology' is frequently used in the literature and the separation between assistive device and medical device is frequently blurred
- What is considered as a 'disability' in different funding policies varies (e.g. some policies clarify between physical, sensory and communication disabilities)

In general, those under the age of 65 are covered by a federal disability scheme, whereas those over the age of 65 are covered by a variety of schemes managed by the Australian Government Department of Health: Ageing and Aged care (e.g. My Aged Care https://www.myagedcare.gov.au/).

Table 1 provides an overview of the main funding programs in Australia and whether they are funded at a national level or by individual states and territories. There are various eligibility factors which are discussed further in the report. For example, if a resident is covered by the Department of Veterans Affairs (DVA), most assistive devices will be funded through the DVA, unless they are living in a residential aged care facility. In this circumstance, the DVA does not provide financial assistance and Commonwealth programs administer funding for the assistive device.

Table 1. Overview of funding for assistive devices in Australia

Department/organisation / State/territory	Name	State/national/private (funding)	Over 65/under/both
Overarching schemes			
New South Wales (NSW)	Aids and Equipment Program (EnableNSW)	State	Over 65
Victoria	Aids and Equipment Program	State	Over 65
Queensland	Medical Aids Subsidy Scheme	State	Over 65
Australian Capital Territory (ACT)	ACT Equipment Scheme	State	Over 65
Western Australia	Community Aids and Equipment Program	State	Over 65
Northern Territory	Disability Equipment Program	State	Over 65
South Australia	Domiciliary Equipment Service	State	Over 65
Tasmania	TasEquip	State	Over 65
Australian Government schemes			
National Disability Insurance Agency	National Disability Insurance Scheme (NDIS)	National	Under 65
Australian Government Department of Health	Residential Aged Care Facilities (RACF)	National	Over 65
Australian Government Department of Health	Commonwealth Home Support Programme (CHSP)	National	Over 65
Department of Veterans Affairs (DVA)	Rehabilitation Appliances Program (RAP)	National	Both
Australian Government Department of Health	Stoma Appliance Scheme (SAS)	National	Both
Department of Human Services	Continence Aids Payment Scheme (CAPS)	National	Both
Australian Government: Job Access	Commonwealth Workplace Modifications Scheme; Employment Assistance Fund (EAF)	National	Both
Australian Government Department of Health	The Australian Government Hearing Services Program	National	Both
State and territory schemes			
NSW Government: ATEP (workplace)	The Assistive Technology and Equipment Program (ATEP)	State	Both
NSW Department of Family and community services	Aids for Individuals in ADHC Accommodation Services (AIDAS)	State	Both
NSW Department of Family and Community Services	Younger people in Residential Aged Care Program (YPIRAC)	State	Under 65
Government of South Australia	Lifetime Support Scheme (motor vehicle accident)	State	Both
Department of Human Services South Australia	Housing SA	State	Both
Department of Human Services South Australia	Living Equipment Program (ILEP)	State	Both
Queensland Government	Queensland Community Care Services	State	Under 65
Queensland Government	Community Aids Equipment and Assistive Technology Initiative (CAEATI)	State	Both
Queensland Government	Vehicle Options Subsidy Scheme (VOSS)	State	Both

Queensland Government	Specialist hospital-based scheme (Cystic Fibrosis Program)	State	Both
Queensland Government	Spectacle Supply Scheme (SSS)	State	Both
Queensland Government	Queensland Artificial Limb Service (QALS)	State	Both
Queensland Government	Spinal Cord Injuries Response	State	Both
Victoria State Government	Supported Accommodation Equipment Assistance Scheme (SAEAS)	State	Both
Victoria State Government	Domiciliary Oxygen Program (DOP)	State	Both
Victoria State Government	Vehicle Modifications Subsidy Scheme (VMSS)	State	Both
Victoria Department of Health and Human Services	The Supported Accommodation Equipment Assistance Scheme (SAEAS)	State	Both
Not for profit (NFP)**			
National NFP	Vision Australia	National/private	Both
National NFP	The Cerebral Palsy League's Assistive Technology Support Services (ATSS)	National/private	Both
National NFP	The Royal Institute for Deaf and Blind Children (RIDBC)	National/private	Under 65***
Queensland Government	LifeTec Queensland	State	Both

**Selected not for profit organisations included (from our research we found these particular NFPs provided significant grants to individuals and their families for funding of AD); **Children (Under 18)

2. Definition

In Australia, the term 'assistive technology' is more commonly used than the term 'assistive device'. According to the NDIS, assistive technology is defined as: 'any device or system that allows individuals to perform tasks they would otherwise be unable to do or increases the ease and safety with which tasks can be performed.' This definition is based on that provided by the World Health Organisation (WHO). The WHO define assistive technology in further detail:

"Assistive technology is an umbrella term covering the systems and services related to the delivery of assistive products and services. Assistive products maintain or improve an individual's functioning and independence, thereby promoting their well-being. Hearing aids, wheelchairs, communication aids, spectacles, prostheses, pill organizers and memory aids are all examples of assistive products."

[Source: http://www.who.int/mediacentre/factsheets/assistive-technology/en/]

Other organisations, such as Assistive Technology Australia, also use the term assistive technology as: "…(AT) is any device, system, or design used by individuals to perform functions that might otherwise be difficult or impossible. Such technology may be something as simple as your common household items such as a carrot peeler to the more complex products such as pressure care mattress for the prevention of pressure sores. In short, anything that assists individuals continue to carry-out daily activities can be considered assistive technology."

[Source: http://at-aust.org/home/assistive_technology/assistive_technology]

Each scheme's definition of assistive technology or assistive devices differs, and therefore it becomes complex when trying to understand what is covered by the fund, if at all, and where the line exists between an assistive device, a medical device, an aid, a carer, a modification or other forms of assistance such as a guide dog.

To gain a better understanding as to the types of assistive technologies in Australia, **Figure 1** taken from Assistive Technology Australia's website, has been included. The definition of assistive device will be included in relation to each scheme as necessary.

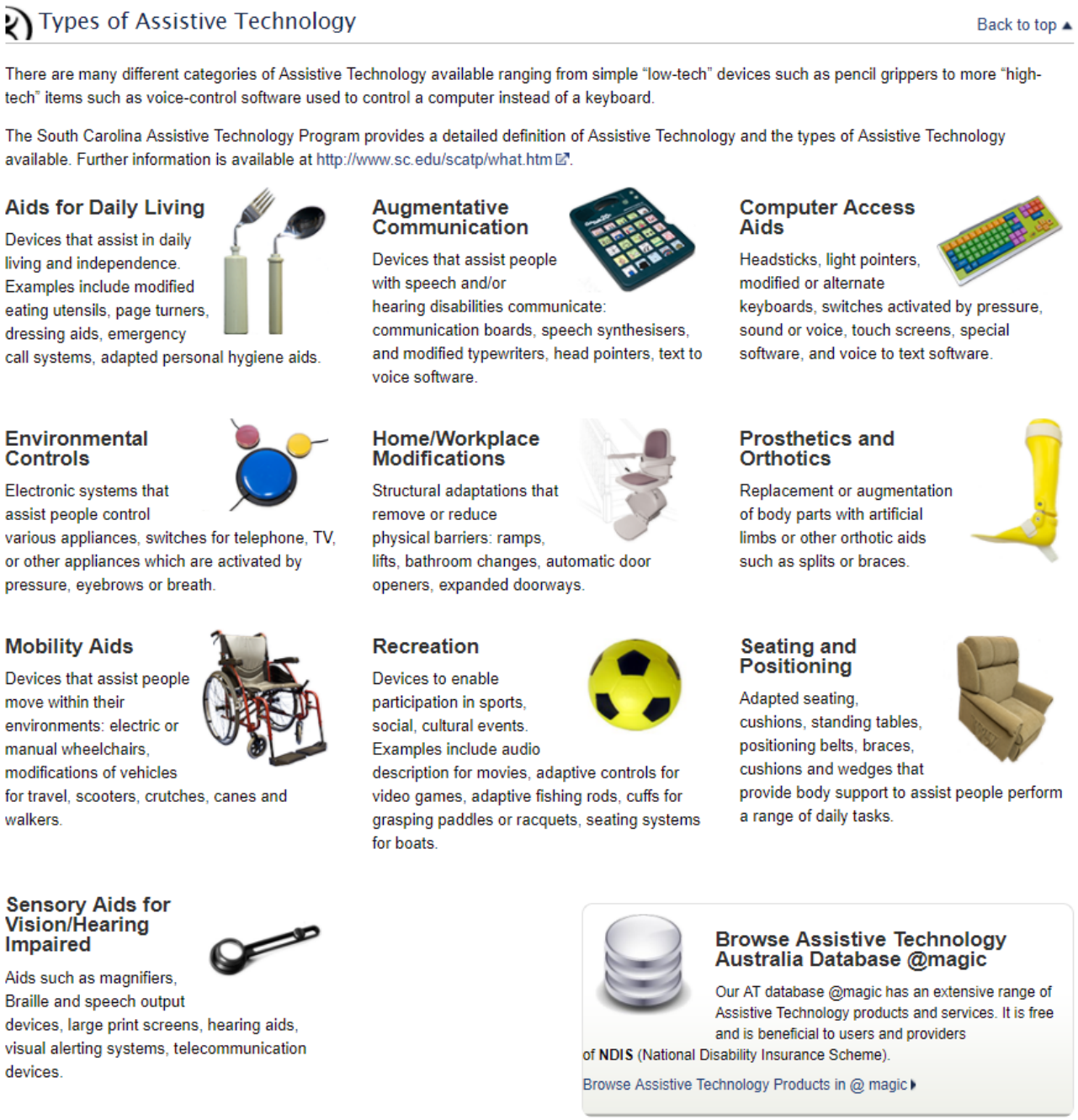

Figure 1. The various types of assistive technologies available to people with disabilities.

[Source: http://at-aust.org/home/assistive_technology/assistive_technology]

3. Federal, state and territory schemes

a. Australian residents under the age of 65

This section discusses the mechanisms for funding assistive devices; the assistive devices that are supported by the fund; and what the eligibility criteria are to be covered by the fund.

i. The disability services environment

In recent years, the disability services environment in Australia has changed significantly:

- **Endorsement of the National Disability Strategy (2010 – 2020)**
  - This underpins the United Nations convention on the Rights of Persons with Disabilities (UN 2006)
  - The endorsement looks beyond the support of NDA and NDIS and covers all people with a disability, irrespective of whether they need or use specialised disability services
  - Drives improvements into access to mainstream services
- **Revision of the National Disability Agreement (NDA)**
  - The NDA, revised in 2012, has been in place since 1991 and replaced the Commonwealth/Territory Disability Agreement 2009
  - Under the NDA, state and territory governments fund a range of disability support services, but eligibility requirements vary between jurisdictions and the service someone receives is largely subject to availability of services
  - Services are mainly delivered by block-funded providers, and alternate funding streams
- **Staged implementation of the National Disability Insurance Scheme (NDIS)**
  - A scheme based on an insurance model that aims to help people who have a significant and permanent disability and who need assistance with everyday activities
  - Rolled out in stages; available from 2016 except in Western Australia, where a state-run NDIS is in place
  - The National Disability Insurance Agency (NDIA), an independent statutory agency whose role it is to implement NDIS, collects data on NDIS and publishes quarterly on the NDIS website

The NDA is still in place in areas of Australia, and will be briefly reviewed in this report. However, as the NDIS is the implemented government-funded service to those under the age of 65, this will be primarily discussed in this report.

ii. The National Disability Agreement (NDA)

The NDA is slowly being replaced by the NDIS but will remain active until all eligible participants transition to the NDIS. The eligibility requirements for the NDA vary between jurisdictions and the funding is generally allocated directly to service providers to deliver services. Data on the services provided under the NDA are collected in the Disability Services National Minimum Data Set (DS NMDS) held by the Australian Institute of Health and Welfare (AIHW) and are released annually on the AIHW website.

According to the 2015 – 2016 AIHW report regarding the NDA:

- 332,000 people used disability support services under NDA (with a caution that this is an underestimate as the ACT did not supply information)
- The average age of service users was 35 (72% of service users were under 50, 22% were aged 50 – 64 and 6% were over age 65)
- 43% had an intellectual or learning disability, 42% had a physical disability, 29% had a psychiatric disability and 18% had a sensory or speech disability

[Sources: https://www.aihw.gov.au/reports-statistics/health-welfare-services/disability-services/about; https://www.abilitylinksnsw.org.au/]

iii. The National Disability Insurance Scheme (NDIS)

Government-funded services have commonly been provided under the NDA, but many of these services will progressively transition to the NDIS. Existing NDA service users are expected to move to the NDIS as the scheme is progressively rolled out across Australia. However, not all NDA service users will be eligibile for NDIS. Governments have put in place 'continuity of support' arrangements to ensure people are not disadvantaged in the transition. Once a service users have an approved NDIS plan, they would have officially transitioned schemes and begin to receive components of their services in cash or in kind.

The NDIS is based on an insurance model, and each person seeking access is assessed according to a common set of criteria. People who are deemed eligible receive a package of funding to buy the services identified in their individualised plan. Clients of defined programs and services will generally be considered to satisfy the disability requirements without further evidence being required. If they are not currently

receiving services, they will be able to apply to access the NDIS when it becomes available in their region during the staged roll-out across Australia.

Governance

Figure 2 depicts the administration of the NDIS scheme with reference to its structure:

1. The National Disability Insurance Agency, established under Commonwealth legislation
2. The Standing Council on Disability Reform, a Council of Australian Governments (COAG) Ministerial Council made up of treasurers and ministers responsible for disability from the Commonwealth and each state and territory is the decision-maker on policy issues
3. The National Disability Insurance Agency holds all funds contributed by the Commonwealth, States and Territories in a single pool
4. The Board of the National Disability Insurance Agency is responsible for the performance of these functions
5. The National Disability Insurance Agency Board
6. The Commonwealth Minister is responsible for administering the NDIS Act

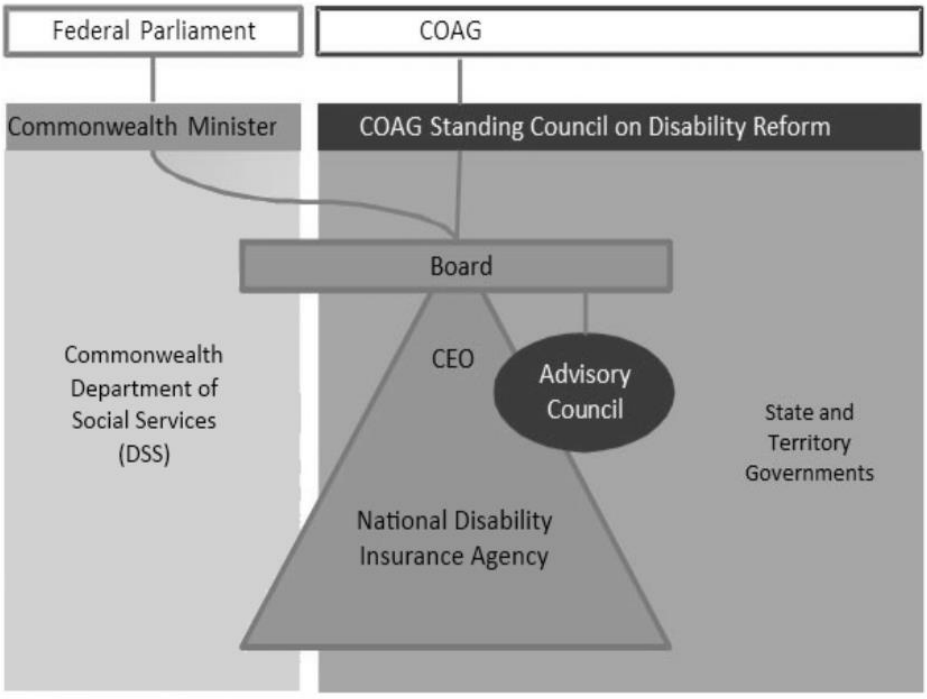

Figure 2. A depiction of the relationships between the Commonwealth Minister, the Council of Australian Governments (COAG) Standing Council on Disability Reform and the National Disability Insurance Agency.

[Source: http://www.carersaustralia.com.au/ndis-and-carers/what-is-the-ndis/]

On 7 December 2012, COAG signed an Intergovernmental Agreement (IGA) for the launch of the NDIS. Further to this, states and territories have signed bilateral agreements with the Commonwealth detailing the operational and funding arrangements for the NDIS in each trial site. These agreements include matters such as the planned intake of participants and the balance of cash and in-kind contributions to the scheme.

Agreements for the full scheme roll out of the NDIS have been reached with the states of New South Wales, Victoria, Queensland, South Australia, Tasmania, the Australian Capital Territory and the Northern Territory. The scheme will be available to all eligible residents in the Australian Capital Territory by July 2016, in New South Wales and South Australia by July 2018, and in Tasmania, Victoria, Queensland and the Northern Territory by July 2019. By 2019, the scheme will support approximately 460,000 Australians with a disability.

[Sources:https://www.ndis.gov.au/about-us/governance/intergovernmental-agreements; https://ilcaustralia.org.au/Using_Assistive_Technology/workplace]

Eligibility and inclusions

To be eligible for the NDIS, a person must:

- Have a significant and permanent disability that substantially reduces their functional capacity, or they need access to early intervention supports
- Be an Australian citizen, a permanent resident, or a protected Special Category Visa holder
- Be under the age of 65 when first applying to become a participant
- Live in an area where the NDIS has begun
- Where applicable, meet the age/or phasing requirements for that area during the staged roll-out across Australia

The NDIS funds 'reasonable and necessary' supports that help a person with disability with day-to-day living and to reach their goals and increase their social and economic participation. The types of services vary depending on each individual's need.

For a support to be deemed 'reasonable and necessary' it must:

- Be related to the participant's disability
- Be likely to be effective and beneficial to the participant
- Take into account informal supports provided by families, carers and the community

Examples include:

- A resource or piece of equipment, such as wheelchair, assistive technology or home and car modifications, to help beneficiaries live an ordinary life
- Helpful in building the skills people need to live the life they want, such as opportunities to work, further their education, volunteer or to participate in an education program

Some examples of assistive devices that an NDIS participant may be eligible to receive funding for includes (but is not limited to):

- A mobility cane
- Nonslip bathmat
- Talking watch
- Long-handled or adapted grip equipment
- Shower stool/chair
- Over-toilet frame
- Bed rails
- Wheelchair
- Hoist
- Hearing aids

Where assistive devices are funded, or otherwise provided to a participant, it is generally expected that the NDIS will also fund reasonable and necessary:

- Delivery costs to the place of intended use
- Costs associated with set up and configuration with other equipment
- Repairs and maintenance to equipment due to regular wear and tear

Exclusions

The NDIS does not fund supports and services that are funded under other mainstream services, but they will help the person with a disability connect to those services. Assistive devices under the NDIS do not include:

- Items for treatment or rehabilitation
- Built environment that is used by the public e.g. ramps, pathways and lifts
- Mainstream technology that does not overcome a functional limitation but modifications to this technology could be included e.g. a car would not be an assistive device, but modifications to the car could be
- Something that does not include a device e.g. medicine, education, training
- Income support
- Housing

- Employment
- Public transport or health services

Mainstream technologies not supported by the NDIS are supported by the Local Area Coordinators and Early Childhood Early Intervention access partners who have partnered with the NDIA.

The NDIA will generally not fund household items that are not related to the participant's functional limitations or which would normally be purchased by any person. For example, general household furniture or appliances would not be funded, but the extra cost of furniture or appliances adapted or designed to address the participant's functional limitations may be (e.g. a stand-up lounge chair).

[Sources: https://www.aihw.gov.au/reports-statistics/health-welfare-services/disability-services/about; https://www.ndis.gov.au/people-disability/what-help-can-i-get]; http://www.carersaustralia.com.au/ndis-and-carers/what-is-the-ndis/; http://www.carersaustralia.com.au/ndis-and-carers/ndis-faqs/]

iv. The role of the National Disability Insurance Agency (NDIA)

The NDIA determines if a person with a disability is eligible to participate in the NDIS. If the person is ineligible for the NDIS, the NDIS can provide support through the Information, Linkages and Capacity (ILC) building program for referral and other support options. The NDIS has Operational Guidelines to assist the NDIA in making decisions or recommendations about people with disability, their families and carers. These Guidelines are based on the NDIS Act. The NDIS Rules and Guidelines also refer to the ways that carers can be involved in the assessment and planning process.

The planning process seeks to identify the individual needs of participants' and determine the range of informal, community, mainstream and NDIA funded supports needed to progress towards their goals.

A participant's plan is made up of two parts:

1. The participant's statement of goals and aspirations, which is prepared by the participant and specifies their goals, objectives, aspirations and personal context (including all informal, community and other mainstream supports already available to the participant)
2. The statement of participant supports, which is prepared with the participant and approved by the NDIA, which specifies, among other matters, the supports that will be provided or funded by the NDIS

Discussion of Part A

Assistive devices range in complexity, cost and risk, from simple mass-produced consumer products like non-slip mats through to complex, individually tailored technology. The amount of assistance a participant needs to make an assistive device selection varies according to the complexity of the equipment and the participant's level of knowledge, need and experience. In relation to funding assistive devices, the NDIA must consider, amongst other matters, whether the support is related to a participant's disability, and assesses the particular goals of the participant: i.e. if the goal is specific (e.g. the desire to be able to undertake a particular task) or general (e.g. greater independence).

The NDIA will generally only fund the minimum necessary or standard level of support required (e.g. a wheelchair with standard specifications and features, as opposed to funding additional items that are not related to the functional specifications required to meet the participant's goal). When considering whether a proposed assistive device represents value for money, the NDIA will also consider:

- The comparative cost relative to alternative equipment, taking the lifetime cost of the equipment into account including repairs, maintenance and availability of spare parts
- The cost, compared to the long-term cost of alternative supports which provide a similar level of independence and function

Where a particular type of assistive device is being considered, the NDIA may seek expert assessment and assistance. Generally, a written report detailing clinical reasoning and justification of recommended assistive device is required prior to approval of funding for complex, high risk or specialised assistive device. The NDIA may provide funds for a participant to receive necessary expert assessment or assistance with selection, fitting, configuring and training where these services are not otherwise available as part of the purchase price or part of the standard service offering.

In limited circumstances, specialist assessment and assistance may be considered to be unnecessary. For example, when:

- The assistive device is not complex (i.e. standard or low risk equipment)
- The participant has relevant expertise
- A participant's needs have not changed and there is a need to replace equipment that is no longer serviceable with the same equipment

Participants will have the use of assistive device supports for as long as necessary. When no longer required by participants, equipment is to be returned to the relevant NDIA approved service for refurbishment, reissue or recycling as appropriate.

[Sources: https://www.ndis.gov.au/Operational-Guideline/including-4.html; https://www.ndis.gov.au/about-us/governance/functions-ndia-including-decision-making.html; https://www.ndis.gov.au/operational-guideline/planning/deciding-supports-plan.html#10.1; http://www.carersaustralia.com.au/ndis-and-carers/what-is-the-ndis/]

b. Australian residents over the age of 65

The NDIS is responsible for the overarching funding administration for under 65's in Australia, however, over the age of 65 individuals are faced with a complex milieu of funding programs or 'schemes'. Over 65's who had previously received funding through the NDIS are moved into a new care plan funded by the Commonwealth aged care system or state schemes when appropriate and are not disadvantaged by the age cut off.

The formation and trajectory of funding policies may be influenced by contextual factors such as political ideology, data about health outcomes, change in government, and international agendas. Certain disabilities and their corresponding devices have more streamlined funding processes and receive additional support from grassroots organisations; receiving grants from the Commonwealth, state governments, philanthropic investors and research funding bodies such as the National Health and Medical Research Council (NHMRC). Differing levels of funding support may be influenced by the greater prevalence of certain disabilities. For example, one in six Australians suffer from some degree of hearing loss and by 2050, this is projected to increase to one in four, with hearing loss costing Australia $11.75BN annually in lost productivity and other impacts.

[Source: Listen Hear! The economic impact and cost of hearing loss in Australia. Sydney, Australia: Access Economics; 2006]

Table 2 provides a condensed outline of the overarching funding schemes which primarily affect Australians over the age of 65 and their eligibility requirements. The more populous states (i.e. NSW, Victoria and Queensland) have associated funding organisations directed by the overarching state funding body, responsible for administering and controlling funding on their behalf (e.g. the nationally funded CAPS program). Western Australia, in comparison, have Disability Sector Organisation Providers who administer funding for ADs and are not-for-profit (NFP) or non-government organisations.

Table 2. Overarching state funding schemes available for people over 65 years old

Name of funding scheme	Eligibility	Ineligibility	Associated funding program
Enable NSW	The person: • Is a permanent resident of NSW, or a refugee residing in NSW • Has a permanent or long-term disability (i.e. a disability likely to last more than 12 months regardless of the cause of the disability) • Has long-term assistive technology needs that have stabilised and allow them to remain in a community setting • Has not received compensation or damages in respect of the disability for which the assistive technology device or support is required • Is not eligible to receive the assistive technology under any other government-funded program	EnableNSW excludes the provision of assistive technology and specialised support services that can be funded from other government programs or from other sources, including: • Resident in a group home operated by Ageing, Disability and Home Care (ADHC) –this is funded through Aids for Individuals in ADHC Accommodation Services (AIDAS) • Patients who require assistive technology on a temporary or short-term basis—assistance is provided by the treating hospital or Local Health Network Equipment Loan Pool. Exceptions to this are oxygen and some respiratory devices, however, in the case of patients who need oxygen equipment, the discharging hospital is required to supply the first month of oxygen post-discharge • Patients with far advanced progressive disease, including cancer, HIV/AIDS, end stage respiratory disease, cardiac and liver disease, or any other palliative care group, as hospitals are required to provide equipment for palliative care on loan for short-term use (approximately three months) • People who have received compensation or damages in respect of the disability for which the assistive technology has been prescribed. In exceptional circumstances where an applicant has received a compensation payment, some years have elapsed since receipt of the payment, and the applicant is able to demonstrate financial hardship, discretion may be exercised to provide assistance under EnableNSW • People receiving Commonwealth-funded aged care services: people who live in a residential aged care facility (RACF) or who qualify for an Extended Aged Care at Home (EACH) or Extended Aged Care at Home – Dementia (EACH-D) package. This group may be eligible for devices such as prosthetic limbs and power wheelchairs through EnableNSW • Younger people with disability who are approved for assistance under the Younger People in Residential Aged Care program	• Continence Aids Payment Program • Home Respiratory Program (HRP) • Prosthetic Limb Service (formerly known as ALS) • Specialised Equipment Essential for Discharge (SEED) • Speech Generating Devices

		(YPIRAC) should apply to Ageing, Disability and Home Care (ADHC), Department of Family and Community Services, to establish their eligibility for assistive technology under that program. Under an internal agreement between ADHC and NSW Health, EnableNSW administers the equipment provision for approved YPIRAC clients after their equipment needs have been assessed and recommended	
SWEP Victorian Aids & Equipment Programs (VAEP)	• Must be a permanent resident of Victoria or hold a Permanent Protection Visa - Resolution of Status (RoS) (subclass 851); asylum seekers (may also be Protection Visa applicants) • Have a permanent or long-term disability and/or are frail aged • Require aids and equipment or vehicle modifications from the aids availability list on a permanent or long-term basis	People are not eligible if they are either already eligible to receive assistance from other government-funded aids and equipment programs or entitled to any form of compensation relating to their disability. For example: • The Supported Accommodation Equipment Assistance Scheme (SAEAS) • The Department of Veterans Affairs (DVA) Gold Card holders (except scooters and powered wheelchairs for those without a DVA 'approved disability') • Residents of government funded Residential Aged Care Facility • The Transport Accident Commission (TAC) • Victorian Workcover Authority • An in-patient of a public or private hospital • Can claim the cost of the aid/equipment through a private health insurance policy • Within the 30 days post discharge period from a public hospital or extended care centre where the provision of aids, equipment or home modification required is related to the hospital admission	• Vehicle Modifications Subsidy Scheme (VMSS) • Continence Aids Program • Domiciliary Oxygen Program (DOP) • Supported Accommodation Equipment Assistance Scheme (SAEAS)
Queensland Government	Eligibility is determined by both administrative and clinical criteria: *Administrative eligibility* The applicant: • Is a permanent Queensland resident • Must hold one of the following eligibility cards - in the name of the applicant: - Centrelink Pensioner Concession Card - Centrelink Health Care Card	Persons not eligible for assistance include: • Those in receipt of assistance or funding for medical aids and equipment under one or more State or Commonwealth government funded programs, e.g.: - Workcover - DVA (if eligible) • Commonwealth residential care facility recipients, as follows: - For oxygen - all classifications - For other aids and equipment - have a classification of a high rating in any domain category or a medium rating in	• Community Aids Equipment and Assistive Technology Initiative (CAEATI) • Vehicle Options Subsidy Scheme (VOSS) • Specialist hospital-based scheme (Cystic Fibrosis Program)

Medical Aids Subsidy Scheme (MASS)	- Centrelink Confirmation Concession Card Entitlement Form (conditions apply) - Department of Veteran Affairs (DVA) pensioner Concession Card (conditions apply) - Queensland Government Seniors Card • Provides a copy of both sides of the eligibility card or signed consent to access Centrelink information on the MASS 84 Proxy Access to Centrelink Information Form *Clinical eligibility* Determined by the MASS Clinical Advisor, and based on: information provided by the prescriber, including: • Applicant has a permanent and stabilised condition or disability which restricts activities in the home environment • Clinical justification by the prescribing health professional from a functional and clinical perspective as to why the aids and equipment are required • Equipment can be appropriately stored and maintained	two or more domain categories per the Aged Care Funding Instrument (ACFI) assessment as noted in the Quality of Care Principles 2014 Subsection 7 • Home Care Package- All Level 3 & Level 4 recipients of Aged Care (Living Longer Living Better) Bill 2013; For oxygen All Level 1 to 4 recipients • Consumer Directed Care (CDC) high care program recipients • Hospital in-patients • Palliative care eligible persons • Persons in receipt of compensation or damages in respect of their disability • Children under the age of 5 years for continence pads and nappies MASS does not provide subsidy funding for aids and equipment that are: • Primarily needed for use to access the community, including school and work • Needed for short-term post-acute care • Needed for therapy or rehabilitation programs	Basic aids schemes: • Spectacle Supply Scheme (SSS) • Queensland Artificial Limb Service (QALS) • Spinal Cord Injuries Response
ACT Equipment Scheme	All clients seeking assistance from the ACTES must meet all the following criteria to be eligible: • Be a permanent Australian resident with a minimum of 6 months residency • Be a permanent Australian and ACT resident with a minimum of 6 months residency • Require assistance for a permanent disability of for a disability that has lasted for at least two years duration (as determined by the referring medical practitioner) or ne frail aged person • If a compensable client, agree to reimburse the ACT Government – Health Directorate in full upon settlement of the associated claim *Financial eligibility* Clients must meet the above eligibility criteria AND the following financial criteria to be eligible for assistance:	• They are an in-patient of a public or private hospital unless the equipment is required for discharge planning purposes and is approved for funding by the Advisory Committee Chairperson • They are able to claim the cost of the aid/equipment through a private health insurance policy. Consumers with private health insurance are required to ascertain whether their health fund will cover all, or part, of the cost of the prescribed device, before they apply to ACTES • They are able to receive equivalent assistance from other government funded schemes, such as the National Disability Insurance Scheme (NDIS) • They are living in a residential care facility (i.e. nursing home) – some specialised and custom equipment may be considered by the Advisory Committee where the residential care facility is not required to provide, e.g. customised power wheelchair • If currently receiving a Department of Health Home Care package. Only equipment which is not included in the home package care will be considered for supply	• Domiciliary Oxygen and Respiratory Support Scheme • Equipment Loan Service

	• Under 16 years of age (birth certificate is required on initial application); or • Over 16 years of age; and in receipt of a full Australian Government Centrelink Pensioner Concession Card in their own name, for the ACT; or • Hold a current valid Centrelink Health Care Card in their own name, for the ACT	• A person with an advanced progressive disease which is determined to be palliative; hospitals are required to provide equipment for palliative care on loan for short-term use. • Hold a current Centrelink Commonwealth Seniors Health Care Card or a Mobility Allowance Health Care Card	
Disability Services Commission Community Aids and Equipment Program CAEP	To be eligible for CAEP participants must: • Have a permanent disability • Live at home in the community most of the time • Have an Australian: Pensioner Concession Card, or • Health Care Card, or • Commonwealth (not State) Seniors Health Care Card, or • Be eligible for a Carer Payment, or demonstrate financial hardship	CAEP will not fund equipment when it is available through other funding sources or programs such as: • Hospitals • Commonwealth aged care packages • Compensation settlements that cover equipment • Other government funding programs • Through the Department of Veteran Affairs	Disability Sector Organisation Providers listed below have individual agreements with the Commission for CAEP: • Cerebral Palsy Association of WA (Ability Centre) • Disability Services Commission – Services Branch • Nulsen Haven Association Inc. • Rocky Bay Inc. • Senses Australia • Therapy Focus Inc
Disability Equipment Program	*Children* Children up to 16 years old with a long-term disability are eligible for disability equipment regardless of their parent or carer income. *Adults* To be eligible for the equipment program you must be able to show all of the following: • Have a permanent or long-term disability • Are a permanent resident of the NT • Are living in or returning to the community • Need approved equipment on a permanent or long-term basis	• Resident of an aged care facility • Eligible to receive equipment under another program or compensation claim	

	• Are beneficiaries of a full Centrelink Disability Support or Aged Pension	
Government of South Australia **Domiciliary Equipment Service**	To be eligible for DCSI Equipment Services, participants must be: • A permanent resident living in the community in South Australia, and be eligible for state funded specialist disability services or state funded programs from Domiciliary Care (metropolitan) e.g.: - Palliative care - Metropolitan Equipment Scheme - Specialist disability services provided by Disability SA and non-government agencies funded by DCSI - The Independent Living Centre, including the Continence Resource Centre This includes: • People aged under 65 years (or under 50 years for ATSI people), who are clients of Disability SA and live in an Australian Government funded residential care facility.	• Home modification services by Housing SA or equipment services provided by the Independent Living Equipment Program (ILEP) in rural and remote areas • People who may meet the Equipment Services eligibility requirement but who are also eligible for an equivalent service from another funding source. In this instance, equipment services should be provided through the alternate source • People accessing the Commonwealth Home Support Programme, the National Disability Insurance Scheme, Lifetime Support Scheme, the Department for Veteran's Affairs Rehabilitation Appliance Programme, as well as programs provided by other South Australian Government agencies • People seeking equipment solely for use in a workplace, educational program, or for transportation or recreational purposes
Tasmanian Government **TasEquip**	• TasEquip provides equipment to eligible clients who are permanent Tasmanian residents and who have a proven financial need for assistance to access the range of equipment in scope for TasEquip • Permanent Tasmanian resident, and • Centrelink benefit recipient – Health Care, Pensioner Concession, and • Living in the community, or required for discharge from hospital, and • Ineligible for Home Care Package level 3 or 4, Workers Comp, MAIB, or DVA • Non-eligible clients who need equipment to allow them to be discharged from a public hospital (or a public bed in a private hospital), or who are receiving specialist palliative care services, will be considered as eligible for this purpose only	• Means tested • Ineligible if private health insurance will cover the device/modification • Eligible for funding by another scheme

Discussion of Part B

Table 2 does not include information on private health insurance funding, as the level of coverage varies from insurer to insurer and in some states, means testing and private health insurance coverage affects eligibility for state funding schemes. Information on the DVA, RACF, CHSP and other nationally funded schemes (listed in **Table 1**) are also not included in **Table 2** as these programs often make individuals ineligible for funding by the overarching state schemes.

There are several cross over areas between the NDIS and state funded schemes. For example, someone under the age of 65 (part of the NDIS) requiring a hearing aid, will be referred to a separate government entity (The Australian Government Hearing Services Program) as will DVA card holders or patients receiving funding from the state or territories corresponding scheme. Akin to this, stoma support and continence aid funding schemes are also administered by specific agencies (i.e. SAS and CAPS). The overarching schemes do not fund workplace modifications. These are administered at a national level by the Commonwealth Workplace Modifications Scheme, further complicating the process for patients and their families.

In addition to varying eligibility requirements and condition or disability specific parameters, there are some variations between states which are highlighted in **Table 2**, such as differences in funding of ADs in palliative care. The complexity of funding processes and the lack of clarity may cause unnecessary distress, for example, in the case of an acute spinal cord injury, patients are sent through a bureaucratic matrix to obtain the necessary equipment, home and vehicle modifications with no streamlined process from hospital to home or care facility.

Finally, the NDIS specifically excludes prisoners and whilst overarching state funding schemes do not specifically address this, some Commonwealth programs administered by the state/territory schemes do explicitly exclude prisoners (e.g. the CAPS program). This means the federal government, by excluding prisoners from the NDIS, and federal programs, may be discriminating against prisoners with a disability, risking being in direct infringement of Australia's international human rights obligations.

4. Published literature in assistive device funding in Australia

To explore the funding of assistive devices within the Australian context, a search of the PubMed database using the following search strategy was undertaken in April 2018:

Category	Search term
MeSH Terms	Self-Help Devices
Results: 10,308	
AND	
Title/Abstract	fund* OR financ* OR plan OR scheme
Results: 412	
AND	
Title/Abstract	Australia OR Australian
Results: 9	

The search yielded nine results, which are summarised in **Table 3**.

Table 3. A summary of the literature on assistive device funding in Australia

Muenchberger H et al (2016) *The critical role of community-based micro-grants for disability aids and equipment: results from a needs analysis*. **Disability and Rehabilitation** 38:9, 858-864	• Micro-grant (<$10,000) funding requests submitted to a not-for-profit (NFP) organisation were analysed to determine the demographics of the applicants (disability type, living situation, etc.) and the nature of their requests (equipment, home modification and/or respite; and funding amounts requested) • There are significant gaps in fundamental service provision, including insufficient access to essential services, such as equipment and home modifications, and out-dated equipment • Living situation (i.e. independently or with family) significantly influences the nature and extent of requests. People with complex disabilities living with their families require more service provision than those living independently. Supporting adults <65 years old to live more independently would decrease the need for 24/7 family respite and relieve carer burden • The role of NFPs in providing micro-grants remains significant even under a national disability insurance and injury scheme. Micro-grant schemes appear to be providing

	essential or core services (e.g. wheelchairs) that would not otherwise be delivered
Iacono T et al (2011) *Non-electronic communication aids for people with complex communication needs*. **International Journal of Speech-Language Pathology** 13:5, 399-410	• Data from the Non-Electronic Communication Aid Scheme (NECAS) pilot program was analysed. Such data included who requested the aids, the nature of disability of the person who would receive the aid, and the type of aid provided • A large demand for non-electronic communication aids was reported. Most requested aids were provided to adults with developmental disabilities, with most requests being made by speech language pathologists or disability support personnel. The most frequent requests were for comprehensive communication aids, followed by targeted expressive communication aids and visual supports • Despite the high demand for non-electronic aids, funding and research literature tended to focus on electronic communication aids • Further research is required to inform the government about factors that influence successful funding schemes of augmentative and alternative communications (AACs)
Iacono T et al (2013) *Experiences of adults with complex communication needs receiving and using low tech AAC: an Australian context*. **Disability and Rehabilitation: Assistive Technology** 8:5, 392-401	• The experiences of adults who received aids through NECAS were explored using interviews. Specifically, questions were asked regarding participants' communication needs, benefits of the aids, concerns regarding the aids, and participant involvement in choice or design of the aids • Multimodal communication (i.e. use of both high and low tech AACs) was considered optimal to meet the needs of people with complex and varied communication needs and allowed them to feel empowered. Most participants reported that they were involved in the aid's development • The need for multimodal communication should be reflected in government funding (e.g. NECAS)
Steel EJ et al (2016) *Challenges of user-*	• User involvement in assistive technology (AT) provision was critically analysed, and AT users were found to be

centred assistive technology provision in Australia: shopping without a prescription. **Disability and Rehabilitation: Assistive Technology** 11:3, 235-240	heterogeneous, and in need of flexibility in funding for their assistive solutions • Power imbalances and differing perspectives between practitioners and consumers act as a barrier for consumers to feel empowered; and international and online markets for AT devices has increased accessibility to ATs, with no additional support for consumers to make decisions • Personalised information to facilitate user involvement in AT decisions are required e.g. provision of independent information services that are staffed to support personal consultations
Steel EJ & Layton NA (2016) *Assistive Technology in Australia: Integrating theory and evidence into action*. **Australian Occupational Therapy Journal** 63, 381–390	• A qualitative review of AT provision was conducted using the Integrating Theory, Evidence and Action (ITEA) method, which is a systematic and rigorous process that includes knowledge from diverse sources of evidence, allowing for the mapping of AT provision in Australia • As the range and number of users of ATs expand, there is a greater need for robust approaches and reasoning to inform practice. Provision of AT devices and services can be improved by collaborating with consumers, and congruence between theory, process and outcomes • The ICF and IMPACT^2 model form useful frameworks to inform practice and research, by illustrating the contextual factors, key variables and intervention approaches that shape outcomes from AT provision
Hobbs DA et al (2009) *Developing a national research and development centre in assistive technologies for independent living*. **Australian Health Review** 33:1, 152-160	• Given there is a clear need for ATs that are appropriately matched to the support services available in Australia, a Cooperative Research Centre (CRC) expression for funding was submitted but was unsuccessful. The process of developing the submission and subsequent assessment was explored • The funding application described a model to involve users in AT development to ensure outcomes were translated into commercial items that were both useful and provided value for money, and combined with a national education program for ongoing training and skill development

Friesen EL et al (2015) *Informing the Australian government on AT policies: ARATA's experiences*. **Disability and Rehabilitation: Assistive Technology** 10:3, 236-239	• The Australian Rehabilitation and Assistive Technology Association (ARATA) developed Policy Statements and Background Papers to influence discussions on the development of the National Disability Insurance Scheme (NDIS) • The ARATA Policy Statement and Background Papers were well received by ARATA members, and appeared to have considerable impact across the broader AT sector • These methods represented an effective way for non-profit organisations to influence government policy, as well as increase the profiles of non-profit organisations, raise member awareness of links between practice and policy, and contribute to increasing bodies of evidence
Friesen EL et al (2015) *Use, performance and features of mobile shower commodes: perspectives of adults with spinal cord injury and expert clinicians*. **Disability and Rehabilitation: Assistive Technology** 10:1, 38-45	• The use of mobile shower commodes (MSCs) by adults with spinal cord injury including features that affect their performance and decisions about their design, from the perspective of users and expert clinicians was explored using the Policy, Human, Activity, Assistance and Technology, and Environment (PHAATE) theoretical framework model • Use of MSCs and their performance varied across activities and during interactions between the user, the MSC, other AT, assistance and the physical environment • Clinical assessments and selection of MSC frames and seats rely on observation and experience of participants and not standardised assessment instruments and processes
Layton NA (2015) *Problems, Policies and Politics: making the case for better assistive technology provision in Australia*. **Disability and Rehabilitation:**	• Kingdon's theory of multiple streams was applied to understand the complexities of and government actions in the assistive technology policy reform in Australia (NDIS) • The theory demonstrated that the NDIS acts as a "policy window" representing a point at which change can be achieved, Specifically, a problem in the confluence of disability and aging along with human rights expectations was recognised, and political will was manifested to build policies to meet these needs

Assistive Technology 10:3, 240-244	• To inform the enactment of this change, expertise of the AT sector, including perspectives of consumers, AT practitioners, and the AT supply industry, is required

Abbreviations: NFP, not-for-profit; NECAS, Non-Electronic Communication Aid Scheme; AACs, augmentative and alternative communications; AT, assistive technology; CRC, Cooperative Research Centre; ITEA, Integrating Theory, Evidence and Action; ARATA, Australian Rehabilitation and Assistive Technology Association; NDIS, National Disability Insurance Scheme; MSCs, mobile shower commodes; PHAATE, Policy, Human, Activity, Assistance and Technology, and Environment.

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Professor Jeffrey Braithwaite is a leading health services and systems researcher with an international reputation for his work investigating and contributing to systems improvement. He has particular expertise in the culture and structure of acute settings, leadership, management and change in health sector organisations, quality and safety in healthcare, accreditation and surveying processes in international context and the restructuring of health services. Professor Braithwaite is well known for bringing management and leadership concepts and evidence into the clinical arena and he has published extensively (more than 700 refereed contributions, and 900 total publications) about organisational, social and team approaches to care which has raised the importance of these in Australia and internationally. He has presented at or chaired international and national conferences, workshops, symposia and meetings on more than 900 occasions, including 90 keynote addresses. He is the recipient of 40 awards, including the prestigious Health Services Research Award by Research Australia in 2015 and multiple Editor's Choice awards for papers published in *International Journal for Quality in Health Care*.

Professor Johanna Westbrook, PhD [Sydney], BAppSc (Cumb) Distinction, GradDipAppEpid, MHA [UNSW]

Professor Johanna Westbrook is Director of the Centre for Health Systems and Safety Research (CHSSR), Australian Institute of Health Innovation (AIHI). Her research expertise centres on the design and execution of complex multi-method evaluations in the health sector with a particular focus on the effective use of information and communication technologies. The CHSSR is the largest health informatics evaluation research team in Australia and the team's work is highly competitive with international groups. Research areas have included the first and largest population study (n=55,000) of clinicians' use of online evidence and its integration into, and impact on, work practices and decision-making. This work showed that clinicians actively seek online evidence to support clinical care which was much disputed until this work. Professor Westbrook has led research on measuring the impact of computerised pathology ordering systems on organisational efficiency and communication processes. Recent research includes major observational studies of health professionals' work and communication patterns (including interruptions and multi-tasking), and identification of contextual work factors which may disrupt effective and safe work.

Dr Amy Nguyen, PhD [UNSW], GradCert (Research Management and Commercialisation) [UNSW], BMedSc (Physiology) [Sydney]

Doctor Amy Nguyen is a Postdoctoral Research Fellow in the Centre for Health Systems and Safety Research (CHSSR). Amy has a background in both qualitative and quantitative research, and has conducted research in chronic disease management, primary care, mobile health, and user involvement in health technology design. She also has a keen interest in effective scientific communication and is an active STEM Mentor for The New York Academy of Sciences. Amy was awarded her PhD in Neuroendocrinology undertaken at the Garvan Institute of Medical Research in 2014, where she investigated the

central signalling pathways involved in appetite regulation. Her first postdoctoral position at UNSW focused on co-designing a smartphone app for and with gout patients to self-manage their condition. Currently, Amy is working with the CHSSR team across multiple projects in aged and community care services.

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Meagan has a background in arts and science, graduating with a Master of Science from University College London, in Bioarchaeological and Forensic Anthropology. She is currently employed in the Centre for Healthcare Resilience and Implementation Science as a research assistant. Her role includes the submission of journal articles, assisting with literature reviews, preparing and submitting grant proposals, and assisting with presentations for national and international conferences, workshops and seminars. Her interests include resilient healthcare, health systems improvement, paleopathology and paleoepidemiology.

Ms Claire Boyling, BHSc (Health Promotion) [University of Western Sydney]

Claire is employed in the Centre for Healthcare Resilience and Implementation Science as a research assistant. Prior to her role with the Institute she worked at the University of Western Sydney and has experience delivering health promotion initiatives in drug and alcohol harm minimisation. Her research interests include health systems improvement, life-course epidemiology and the prevention and management of chronic diseases.

Appendix A. A summary of the health services used by people with disability

In 2015, of those aged under 65 living in the community:

	**most (93%)** saw a GP
	**1 in 5 (20%)** saw a GP for urgent medical care
	**2 in 3 (62%)** saw a medical specialist
	**half (50%)** saw a dental professional
	**1 in 4 (26%)** visited a hospital emergency department (ED)
	**1 in 5 (22%)** had been admitted to hospital
	**2 in 5 (37%)** saw three or more different health professionals for the same condition
	**1 in 4 (26%)** had a health professional coordinating their care when they saw three or more different health professionals for the same condition
	**2 in 3 (63%)** who needed help with health-care activities received informal services[a]
	**2 in 5 (44%)** who needed help with health-care activities received formal services[a]

a. Aged 5–64.

Source: AIHW analysis of ABS 2015 SDAC confidentialised unit record file; tables S1 and S7.

Source: AIHW 2017. Access to health services by Australians with disability [https://www.aihw.gov.au/reports/disability/access-health-services-disability/contents/content]

Appendix B. A summary of the profile of people with disability in Australia from the 2015 Survey of Disability, Ageing and Carers

A profile of people with disability in Australia

Australian Bureau of Statistics

The United Nations Convention on the Rights of Persons with Disabilities aims to enhance opportunities for people with disability to participate in all aspects of social and economic life. While there have been many improvements in the lives of people with disability, significant barriers still remain.

The results of the 2015 Survey of Disability, Ageing and Carers provide a profile of people with disability in Australia.

There were **4.3 million** Australians with disability in **2015**

The likelihood of living with disability increases with age, **2 in 5** people with disability were **65 years or older**

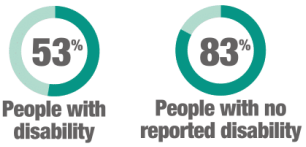
Almost **1/3** of people with **disability** had a profound or severe disability

Around **3 in 5** people with disability* needed assistance with at least one activity of daily life

Around **half** of people with disability used **aids or equipment** to help with their disability

Around **1 in 5** people with disability said their main long-term health condition was a mental or behavioural disorder

People with disability* aged **15-24 years** were **10 times** more likely to report the experience of discrimination than those aged **65 years and over**



53% of people with **disability** participated in the workforce**, compared with **83%** of people with **no reported disability**

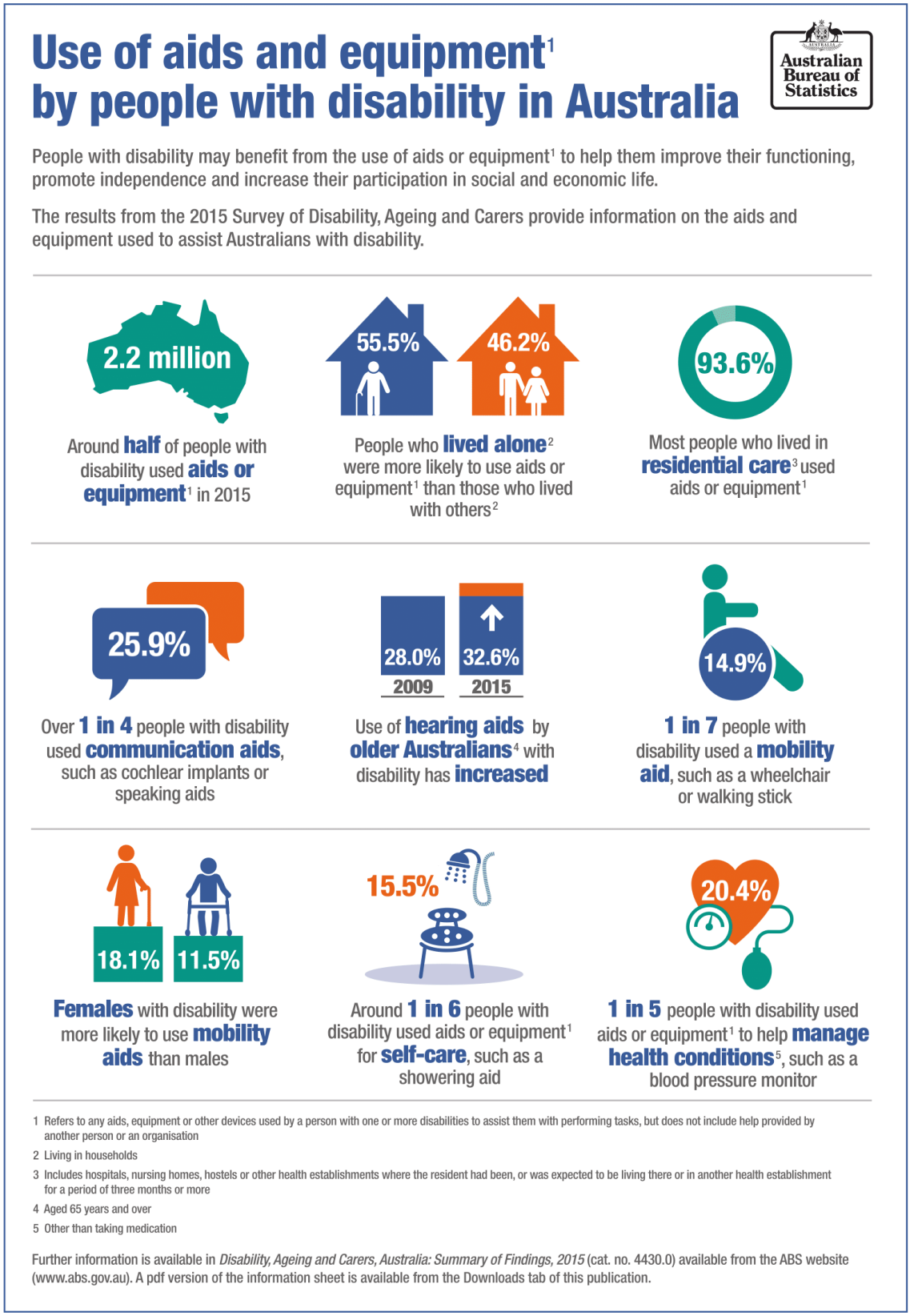
The weekly median income** of people with **disability** was **$465**, which was less than half of those with **no reported disability**

*Living in households
**Labour force and income figures are for persons aged between 15 and 64 living in households

Further information is available in *Disability, Ageing and Carers, Australia: Summary of Findings, 2015* (cat. no. 4430.0) available from the ABS website (www.abs.gov.au). A pdf version of the information sheet is available from the Downloads tab of this publication.

Source: ABS Survey of Disability, Ageing and Carers, Australia: Summary of Findings—2015

Appendix C. A summary of the use of aids and equipment by people with disability Australia from the 2015 Survey of Disability, Ageing and Carers



Source: ABS Survey of Disability, Ageing and Carers, Australia: Summary of Findings—2015

EVIDENCE REPORT

October 2018

Converge3

Integrating health, economic and equity evidence to inform policy

Assistive Devices: Regulation and Coverage in New Zealand

Tim Tenbensel, Laura Wilkinson-Meyers, Giriraj Singh Shekhawat

About this Report

This report was produced by the Health Systems, School of Population Health, University of Auckland and the North American Observatory on Health Systems and Policies at the request of the Converge3.

About the North American Observatory on Health Systems and Policies

The North American Observatory on Health Systems and Policies (NAO) is a collaborative partnership of interested researchers, health organizations, and governments promoting evidence-informed health system policy decision-making. Due to the high degree of health system decentralization in the United States and Canada, the NAO is committed to focusing attention on comparing health systems and policies at the provincial and state level in federations.

THE UNIVERSITY OF AUCKLAND
Te Whare Wānanga o Tāmaki Makaurau
NEW ZEALAND

NORTH AMERICAN
OBSERVATORY
on Health Systems and Policies

Introduction:

New Zealand's Ministry of Health defines a person with a disability as *"A person who has been identified as having a physical, intellectual and/or sensory disability (or a combination of these) which is likely to continue for a minimum of six months and results in a reduction of independent function to the extent that ongoing support is required."* MOH classifies disabilities in to following five categories:

a. Attention Deficit Hyperactivity Disorder
b. Autism Spectrum Disorder
c. Fetal Alcohol Spectrum Disorder (FASD)
d. Hearing loss
e. Low Vision

The focus of this report will be on 'assistive technology/equipment services'. Assistive Technology (AT) is also commonly referred as 'specialised equipment' or 'assistive equipment'.

Methods:

This report was informed by a broad scan of New Zealand health system, the services for disability and provision of providing AT. Major health websites such as: Ministry of Health, Accident Compensation Corporation (ACC), Ministry of Education, and non-government organisations offering AT assistance were scanned. The goal was to explore the following six aspects informing the regulation and coverage of AT in New Zealand:

1. Regulatory framework
2. Devices included
3. Requirements for inclusion of devices in benefit catalogue
4. Eligibility
5. Pricing, cost-sharing and procurement
6. Access pathways

Regulatory framework:

There are several pieces of legislation, international conventions, strategies, policies, standards and guidelines which have cumulative impact on the servicing provision for disability. Some of these can have direct influence on the regulation and coverage of AT in New Zealand:

Legislation:

- *Health and Disability Commissioner Regulations 1996* - The code of Health and Disability Services Consumer's Rights (the Code) established the rights of consumers, and the obligations and duties of providers to comply with the code. It is a regulation under the Health and Disability Commissioners Act.
- *New Zealand Public Health and Disability Act 2000* - The New Zealand Public Health and Disability Act 2000 introduced a major change to the public funding and provision of personal health services, public health services, and disability support services. It also established new publicly owned health and disability organisations, including District Health Boards.
- *Accident Compensation Corporation Act (2001)* ACC is a New Zealand Crown entity responsible for administering the country's universal no-fault accidental injury scheme. The scheme provides financial compensation and support to citizens, residents, and temporary visitors who have suffered personal injuries.

International conventions:

- *United Nations Convention on the Rights of Persons with Disabilities 2006, ratified by New Zealand 2008*

Policies/standards/guidelines:

- *The New Zealand Disability Strategy 2001* - The aim of the New Zealand Disability Strategy: Making a World of Difference – Whakanui Oranga is to eliminate barriers wherever they exist. The barriers range from the purely physical, such as access to facilities, to the attitudinal, due to poor awareness of disability issues

  The Strategy guides Government action to promote a more inclusive society and sits alongside other government programmes such as the Positive Ageing Strategy, the New Zealand Health Strategy and the Re-evaluation of Human Rights Protections in New Zealand.
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- Assistive Technology Guidelines, Ministry of Education 2008

Devices included

Types of AT covered by ACC*:* ACC does cover various assistive technologies for people to help with an injury.

- Hearing aids and batteries
- Braille equipment or glasses
- Wheelchairs, walking frames or crutches
- Specialised chairs or furniture

- Voice recognition software
- Artificial limbs.

***Type of AT covered by MOH/MOE**:*

- Communication AT (face to face and written communication)
- Hearing AT
- Vision AT
- Walking and standing
- Wheeled mobility and postural management
- Personal care
- Household management
- Vehicle modifications

Based on the devices people could use them for as long as they need and then return eg. ACC covered wheelchairs, walking frames or crutches can be returned if they are no longer needed or required.

Requirements for inclusion of devices in benefit catalogue

Equipment provided by the Ministry of Health is categorised into three bands, according to specific criteria:

Band 1 - Equipment is equipment which has been selected following a formal tender process. Criteria for selection in Band 1 are that items:

- Meet the needs of a wide range and large number of disabled people, and
- Are low cost (generally less than $1,000 excl. GST), and
- Are durable and the majority are able to be reissued in a cost-effective way.

Equipment is able to be supplied at the lowest possible price, resulting in greater value for money. Many Band 1 Equipment items could be self-purchased in regular retail stores and there is generally a low consequence of risk in relation to its provision.

Not all low cost items are included in Band 1 Equipment. Items that are low cost and rarely requested but that have not been selected through a tender process are subjected to the Prioritisation Tool. All other items are considered to be in Band 3 (previously known as Complex).

Band 2 - Equipment is equipment which has been selected through formal procurement arrangements. Criteria for selection in Band 2 are that items:

- Do not have high specifications or features and are not complex to use or customised for a person, and
- Generally cost less than $3,000 (excl. GST), and
- Are regularly requested.

Band 3 - Equipment is equipment which has been selected through formal procurement arrangements (including direct purchase for one-off items). Criteria for selection in Band 3 are that items meet one or more of the following:

- Are complex and/or have high specifications or features
- May be customised and individualised
- Are high cost (generally $3,000 or more)
- Are supplied in low volumes, irrespective of their cost
- Require an EMS Assessor to have a higher skill level and experience
- Result in a higher consequence of risk to a person following an inappropriate recommendation by an EMS Assessor.

Eligibility

Eligibility is assessed by EMS assessor, who may liaise with a medical professional to obtain further information about the cause and nature of person's disability. Eligibility means the right to be considered for publicly funded support services. There are three level of administration of coverage decision-making:

- Local (service managers)
- District/Regional (DHB, district and regional managers)
- National (Ministry of Health)

This administrative structure is used to identify, assess the best possible solution for person with disability and offering resolution, if solutions are not reached in a bottom up approach (starting from local administration to national). These services occur within the parameters of Ministry of Health specifications and are aimed at enabling and promoting functional independence within the person's own context. The vision is for disabled person to live in their homes and participate in their communities.

New Zealand citizens and permanent residents are eligible for these services. Non-residents may also be eligible for ACC services if the injury occurred in New Zealand.

The Ministry of Health evaluates the eligibility for AT through the Equipment and Modification Services (EMS).

The purpose of ministry of health funded EMS is to:

- Support people with disabilities and their families, to live as independently and safely as possible

Make a significant, consistent and reasonable contribution to enabling people with disabilities to participate (if and when they want to) in activities inside and outside their home and in their local communities. The following criteria are considered for eligibility:

Eligibility criteria for publicly funded Health and Disability Services are set out in the Health and Disability Services Eligibility Direction 2011. The Direction is issued by the Minister of Health under the New Zealand Public Health and Disability Act 2000. The person must have a disability as defined by MOH (either physical, intellectual, sensory (vision and/or hearing) or combination of these) or age related disability which is likely to remain after the provision of treatment and/or rehabilitation, continue for at least 6 months (time), and impact on their ability to do some everyday tasks (ADL), resulting in a need for ongoing support.

To be fully eligible means a person whom meets the eligibility criteria for any publicly-funded health service as per the Eligibility Direction (2011), and must met at least one requirement outlined in Appendix A.

Funding for equipment is considered where it has been identified as being the most cost-effective intervention and is essential for the person (independently or with assistance from support people) to do one or more of the following:

- Get around, remain or return to their home
- Study full time or do vocational training
- Work in full time employment
- Work as volunteer
- Be the main carer of a dependent person
- Communicate effectively

People under 65 years or who have a lifelong disability, are eligible for equipment when they are living in residential care or community residential support/own home or long term rental contract.

People aged 65 years and over who are living in aged residential care, including rest homes and private hospitals are eligible for the provision of customised or individualised equipment where it is needed for their sole use.

AT covered for people aged 65 and over includes:

- Communication devices (hearing aids are coved separately under hearing aid services)
- Mobility aids
- Wheel chairs - individualised or customised
- Seating - individualised or customised
- Housing modification (owned home or a long term rental property)

Note - the Ministry does not cover funding towards modifications to a newly purchased or rented home where the person has knowingly chosen a property unsuited to their disability related needs.

Other funding options

Equipment and Modification Services (EMS) are funded under Disability Support Services under the auspices of the Ministry of Health. There are several other funded and non-funded supports available for people with disability living in New Zealand. These include:

a) Government Agencies

- Accident Compensation Corporation (ACC) - Provides equipment and services for people who are entitled under the Accident Compensation Act 2001.
- Ministry of Health -other supports (covers chronic health conditions)
- Ministry of Education
- Veterans' Affairs New Zealand
- Work and Income
- Lottery Grants Board

b) Publicly funded non-government organizations

- Workbridge

c) Private purchase

Accident Compensation Corporation (ACC): The Accident Compensation Corporation (ACC) provides equipment and services for people who are entitled under the Accident Compensation Act 2001.

ACC is the sole and compulsory provider of accident insurance in New Zealand for all work and non-work injuries. The corporation administers the ACC Scheme on a no-fault basis, so that anyone – regardless of the way in which they incurred an injury – has coverage under the scheme. Due to the scheme's no-fault basis, people who have suffered personal injury do not have the right to sue an at-fault party, except for exemplary damages.

The ACC scheme provides a range of entitlements to injured people; however 93.5 percent of new claims in 2011–12 were for treatment costs only. ACC entitlements also include weekly compensation for lost earnings (paid at a rate of 80% of a person's pre-injury earnings). With regard to assistive technologies, the cost of home or vehicle modifications for the seriously injured may also be covered by ACC. The scheme offers entitlements subject to various eligibility criteria.

Ministry of Health (other supports): Long Term Supports – Chronic Health Conditions (LTS-CHC) funding, managed by DHBs, funds long term support services for eligible people under 65 years of age and needing ongoing support services as a result of chronic health conditions. People eligible for LTS-CHC are neither eligible for the Ministry's Disability Support Services nor for other DHB funded long term supports (eg, for older people). This funding is targeted towards people who have very high needs.

A chronic health condition is:

- Either a progressive health condition where the person has a functional impairment that is expected to last for at least six months or to increase over time as a direct result of the condition
- A health condition lasting at least six months where the person's level of functional impairment can be ameliorated by periodic or ongoing treatment (drugs, therapy, surgery, etc.)
- The impairment resulting in the need for support does not meet the Ministry funder's definition of a disability.

Ministry of Education: Equipment to meet the general educational needs of students in compulsory education is the responsibility of the Ministry of Education.

In some circumstances, joint funding of equipment is considered. Joint funding from both ministries (Health and Education) for high cost assistive technology or equipment of $5,000 (incl. GST) or more, is considered where the equipment supports the student to do all of the following:

- Live as safely and as independently as possible, and
- Improve their access to the curriculum, and
- Remove barriers to their educational achievement

Veterans Affairs New Zealand: Veterans Affairs New Zealand provides advice and facilitates the delivery of a range of services to war veterans and their families. Case managers connect veterans and their families to appropriate services within the community that best address their needs and assist with improving and maintaining their quality of life.

The focus is on the Case Manager facilitating access to existing publicly funded health and disability services, and to the entitlements that are available through the social assistance and war pensions' framework. Case managers also make recommendations for the use of Veterans' Affairs New Zealand funding in situations where the need is urgent and no other service is available.

Lottery Grants Board: The Lottery Grants Board is part of the Department of Internal Affairs. The LGB's Individuals with Disabilities Subcommittee provides lottery grants on a discretionary basis for mobility and communication equipment to help people with disabilities achieve independence and gain access to the community. Those who meet the access criteria for funding of equipment through the Ministry of Health or other Government agencies are not eligible for lottery grants.

For funding purposes, an individual with a disability is defined by the Lottery Grants Board as:

'a person who has a permanently reduced capacity to be transported, to be personally mobile or to communicate, as a result of a physical, sensory, psychiatric or intellectual disability'.

Priority is given on the basis of:

- Severity of the disability
- Contribution the vehicle or equipment would make to the quality of life of the person with a disability (the applicant)
- Financial circumstances of the applicant and their family
- Availability of alternative transport or assistance
- Family situation of the applicant
- Applicant's locality
- Any lottery assistance received in the past.

Generally, the Subcommittee is able to fund about 50-60% of the applications it receives. Applications can be made at any time.

Work and Income: A Special Needs Grant can be approved to assist with items partially subsidised by the Ministry of Health or District Health Boards, when the person still has to pay a shortfall (eg, spectacles). Payment is for the unsubsidised portion only.

The Special Needs Grant provides non-taxable, one-off recoverable or non-recoverable financial assistance for people to meet their essential and immediate needs. A person does not have to be receiving a benefit to qualify for a Special Needs Grant.

Workbridge: Workbridge is a non-government organisation contracted by the Ministry of Social Development to administer Job Support Funds and Training Support Funds. The purpose of these funds is to assist people with disabilities to gain, retain, participate or advance in employment or training by providing assistance with some disability related costs. Applicants must be aged between 16 and 65 years and have disability-related costs that are not covered by the Ministry of Health or ACC. Applicants must establish that they have extra job-seeking or training costs that a person without a disability doing the same job would not have, and that these costs must be a direct consequence of their disability or impairment. It is possible that these could be used to cover assistive technologies and devices.

Private purchase: People may choose to purchase equipment items themselves. Low cost equipment items, the majority of which cost less than $50.00, generally need to be purchased by the person, or their family. In many regions, organisations or businesses have disability-related equipment available for demonstration or sale and a number of organisations have dedicated websites through which items can be purchased.

Pricing, cost-sharing and procurement

The Ministry of Health has categorised ATs based on prices as Band 1 (up to 1000 NZ$), Band 2 (up to 3000 NZ$) and Band 3 (more than 3000 NZ$). The prices are determined by the manufacturer who are developing and delivering them. These devices are selected through formal tender/procurement process.

AT valued over $5000, used across many environments to facilitate learning and living (supporting educational achievement and daily living) can be accessed through the joint funding option via the Ministry of Health and Ministry of Education.

These devices could be insured by the individual and this can cover the cost of maintenance.

Access pathways

Access to assistive technology is ultimately gained through an assessment by the Equipment and Modification Service (EMS) conducted by an EMS assessor who is usually trained health professional. Referral to the EMS can be from a family doctor (general practitioner) or aNeeds Assessment Service Coordination agency (NASC)

The individual needs are assessed via Equipment and Modification Services (EMS), EMS are one of the many services funded by the Disability Support Services, Ministry of Health to assist people with disabilities and their families to live as independently and safely as possible. EMS assessors hold certain areas of accreditation with in speciality and make recommendation about types of ATs for people with disability. Complex AT assessment may require a referral to a specialist assessment service such as communication AT, wheeled mobility/postural management. Based on the MOH eligibility guidelines and persons condition application is made. Based on the assessment and outcome of the application the devices can be procured.

Experiential data about the accessibility of the system by the users is scarce. We have been unable to find any publication exploring this aspect of user's familiarity of the system. A 2015 survey conducted by the Ministry of Health about clients' experiences with EMS found that 89% of participants were "satisfied with **the time it took from their assessment with the therapist (EMS Assessor) to receiving their equipment** or housing/vehicle modification" and that 89% were satisfied "**with the instructions** (either verbal or written) that they received on how to use and look after their equipment or housing/vehicle modification" and "Overall 94% of people were **satisfied with the quality of the equipment** or housing/vehicle modification that they had received." (MoH Update September 2015 EMS Client Satisfaction Survey Results accessed from http://www.accessable.co.nz/news/ems-notices on 31 May 2018) This survey report, however, does not specify the total number of participants and does not reflect participants' experiences of finding out about funding and accessing EMS services. The results only reflect the views of those who have navigated their way through the system successfully.

There is a nationwide network of the Federation of Disability Information Centres are available to support people in understanding what support and resources are available and how to access them.

Key References:

Accident Compensation Corporation - https://www.acc.co.nz/im-injured/support-recovery/aids-equipment/

AccessAble - http://www.accessable.co.nz/moh-ems/equipment

Ministry of Education - https://education.govt.nz/school/student-support/special-education/assistive-technology/

Ministry of Health –

- 1) https://www.health.govt.nz/your-health/conditions-and-treatments/disabilities
- 2) https://www.health.govt.nz/your-health/services-and-support/disability-services/getting-support-disability/needs-assessment-and-service-coordination-services
- 3) Equipment and modification services - https://www.health.govt.nz/our-work/disability-services/contracting-and-working-disability-support-services/equipment-and-modification-services

Appendix A

Eligibility criteria for any publicly-funded health service as per the Eligibility Direction (2011)

1. Is a New Zealand citizen.
2. Holds a resident visa or permanent resident visa (includes residence permits issued before December 2010).
3. Is a Australian citizen or Australian permanent resident AND able to show that he/she has been in New Zealand or intends to stay in New Zealand for at least 2 consecutive years.
4. Has a work visa and is able to show that he/she is able to be in New Zealand for at least 2 Years (including visas/permits held immediately beforehand).
5. Is an interim visa holder who was eligible for publicly funded health services immediately before his/her interim visa started.
6. Is a refugee or protected person OR is in the process of applying for, or appealing to the Immigration and Protection Tribunal for refugee or protection status OR is the victim or suspended victim of a people trafficking offence.
7. Is under 18 and in the care and control of a parent/legal guardian/adopting parent who meets one criterion in i-vi above.
8. Is 18 or 19 years old and can demonstrate that, on 15 April 2011, he/she was the dependent of an eligible work visa/permit holder (visa must be still valid).
9. Is a NZ Aid Programme student studying in New Zealand and receiving Official Development Assistance Funding (or their partner or child under 18).
10. Is participating in the Ministry of Education Foreign Language Teaching Assistantship scheme.
11. Is a Commonwealth scholarship holder studying in New Zealand and receiving funding from a New Zealand university under the Commonwealth Scholarship and Fellowship Fund.

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Integrating health, economic and equity evidence to inform policy

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