



The Italian assistive technology provision system: a summary of the core regulations

Renzo Andrich, Sabrina Vincenti¹

Biomedical Technology Department - Fondazione Don Carlo Gnocchi Onlus, Milano

Introduction

Getting suitable aids, adapting life environment to one's needs for independence or assistance, may sometimes imply high costs. Actually the **cost of technology** must be compared with the **cost of non-technology**, i.e. with all the problems that the absence of intervention might cause (dependence on other people, risk for one's health, limitation of one's activities, care burden for family members..and so on); skimping on the necessary investment – drawing on low-quality products, scarce reliability and lack of appropriate technical support- may lead to the failure of the intervention objectives, to new problems for the user, to undesired costs in the long run for both users and healthcare services (repairs, medical assistance, etc.). A classical example is that of anti-decubitus aids: trying to spare money on adequate aids might expose the user to the risk of decubitus ulcer, whose treatment is quite long, painful for the user and much more expensive for the National Health Service.

That being stated, it's clear that the cost of necessary solutions is often not affordable for the users.

Nevertheless, there are various regulations, both at National and regional level, that provide for economic benefits and, for some aids, their delivery directly paid by the State.

In general, the first distinction to be done depends on the intervention field:

- **places, facilities and services of public interest:** in this case intervention is mandatory for the owner, according to accessibility laws
- **work-place:** in this case intervention is mandatory for the employer, in compliance with the regulations regarding employees' safety and professional integration for people with disability
- **school** (facilities, school aids, etc.): in this case intervention is mandatory for the school institution, except when aids are for the student's personal use.
- **places and devices linked to personal autonomy:** in this case the user is in charge of the intervention, with the support of the financial benefits available.

These measures can be roughly grouped in the following categories:

- **aid delivery** (directly paid by the National Health Service or other public agencies)
- **fiscal benefits** (tax breaks; reduced VAT) for aids purchased out of one's pocket
- contributions for the **removal of architectural barriers**
- contributions for **car purchase/ adaptation**

¹ This document results from a collection of information included in articles published on the SIVA Portal (www.portale.siva.it) and from the revision of materials provided by the authors themselves for a study on European Aid Delivery Systems, compiled by the Work Research Centre of Dublin, for the Irish public agency NDA (National Disability Authority). These indications are not meant to be comprehensive, in relation to such a complex and evolving subject. In this respect, there are other specialized information services, among which we report www.handylex.org of The Italian Union for the Fight against Muscular Dystrophy, as it provides complete, precise and easy-to-understand information.



- contributions based on an **individualised project** (e.g. contributions addressed to families of persons with disability, possible in some Regions)

Each of these contributions can be delivered in certain cases that depend on both the type of aid or of intervention, and on the user's situation, and implies well-defined procedures.

Overview

Responsibilities for AT provision in Italy reside mainly with the National Health System (NHS) and there are also some **sector-specific provisions covering the employment and educational settings**.

The regional governance structure in Italy results in a complex set of legislative and administrative arrangements which affect the AT provision system just as they do other public services in Italy.

The regional health authorities (and the Aziende Sanitarie Locali, ASLs, within each region) are the main players in the public system of supports for AT for independent living purposes, although disability organisations and other independent organisations also play an important role. In some regions, formalised arrangements in relation to AT services have been established between the public and NGO providers.

ASLs and the National System For Insurance For Labour Accidents both play a role in relation to AT for work/employment. In the educational setting, schools in collaboration with the local health services have the main responsibility. Tax breaks for AT costs for users are also a relevant feature of the Italian situation.

The main pieces of legislation are:

Framework Law 104/92 – *Law for the assistance, social inclusion and rights of disabled people*

Ministerial Decree 332/99 - established the rules for provision of assistance and AT under this Law: **this is the main legislation covering AT for home/independent living**

Law 13/89 – *“Regulations to enhance the removal of architectural barriers in private buildings”*. It includes regulations on reimbursements for home adaptations equipment. It generally regards the accessibility to private homes, in particular it provides for contributions for accessibility works (stair-climbers, lifts..) and states that new private buildings must comply with the requirements of *visitability* (accessibility of common spaces) and *adaptability* (accessibility without major investments)

Law 68/99 – *“Law for rights of disabled people in employment”* (obligation for companies to employ a certain number of disabled people and provision of support for employment)

Law 4/2004 (Stanca Law) – *“Regulation for e-accessibility”* (includes obligations in relation to work/employment/education)

Law 626/94 - *“Law about safety at work”*. though it is not specifically aimed at disability, it has significant consequences on this field

As already mentioned, most of the equipment for independent living is provided by the NHS. As a consequence access to AT listed in the Nomenclatore Tariffario (NT) is granted as a subjective right and provided directly by the state. In this context, the main gate keeper is the physician, responsible for the prescription, which is the key phase of the AT provision process.

Conversely, the social welfare system doesn't grant subjective rights, but the possibility to ask for a contribution. In this context, the gatekeeper is represented by social services, under the responsibility of the municipalities.



There are no major policy statements, but **innovative social policies** aimed at helping families promoted by some Regions. Here are some examples of laws providing for contributions for devices in order to enhance autonomy:

Law 23/99, Section 4 (Lombardy Region) - Contribution to the family with disabled components in need of assistive technologies aimed at education/employment

Law 29/97 (Emilia Romagna Region) - Contribution for equipment aimed at independent living

Pacchetto Domotico Trentino 2004 (Autonomous Region of Trento) - Pilot initiative for the provision of high tech environmental control and telecare home adaptations

Home/community/everyday life

Legislation/policy

The legislation in Italy is complex. **Law 13/89 grants contributions for the removal of architectural barriers** in already existing buildings where the person with disability lives. Law 104/92 (Law for the assistance, social inclusion and rights of disabled people) and subsequent modifications of this within Law 162/98 addresses support measures for people with disabilities in order to enable them to live independently. For example, section 27 of this law, provides for contributions up to 20% of the total expenses for car adaptations.

The Ministerial Decree 332/99 established the rules for provision of assistance and AT under the NHS.² This decree **contains a description of the technical aids that can be provided by the health services, along with reimbursement rates for these**. AT is classified under a classification similar to the ISO system and allocated to different lists (in the Nomenclature Tariffario, NT) in terms of what is covered, and how, by the public system. The decree also includes rules on renewal times, delivery processes and other aspects of service provision. The new release of the Nomenclature Tariffario dates back to 2008 but hasn't been enacted into law yet.

System of delivery

In Italy, the health system plays the main public role in the delivery of AT. Services are organised at regional level and delivered locally via local health agencies (ASLs). **AT provision is based on a list (Nomenclature Tariffario - NT) that sets out three lists of products that are covered by the national health system**. In practice, disability NGOs and independent foundations also play an important role in AT service provision.

For eligible persons, reimbursement of AT costs may be under the National Insurance for Labour Accidents (INAIL), in which case levels of reimbursement for devices for work-related use may be higher than for more general usage.

In order to get an assistive device through the NHS, a **prescription** must be issued by a certified medical doctor with appropriate specialty. For instance, devices related to motor impairment are mainly prescribed by specialists in physical medicine and rehabilitation. In good practice, the prescription should be based on a sound assessment of the client's need, carried out by the rehabilitation team. Then the prescription must be approved by the Local Health Authority (ASL), which may refuse it or ask for further evidence in case of

² Ministerial Decree 332/1999: Nomenclature Tariffario delle Protesi e degli ausili (Nomenclature and Tariffs of prosthetic and assistive equipment). Italian Ministry of Health



doubts as to its appropriateness. After **approval**, users are free to choose the suppliers they wish, unless the ASL has made public procurement contracts with specific companies. Users who wish to purchase more expensive models than those available through the NHS are free to do that by paying the price difference.

In order to be reimbursed the prescription must contain diagnosis, specification of the required device (including ISO code etc.) as well as any required adaptations/customisation, as well as a therapeutic programme in relation to usage of the device. The process of selection of the appropriate device in principle involves the user, although it tends to fall mainly to the prescriber in most cases because of little knowledge of AT amongst users.

If authorised, the **delivery** process varies depending on which of the NT lists the device falls under. For items that require customisation or adaptation of some form, the user can choose one of the authorised suppliers and they will be reimbursed up to the level established in the NT (although the national maximum rates can be topped-up by the regions). In this case the AT is generally owned by the user. Items on the other lists are procured by the ASLs under central contracts (gare d'appalto) or other established pricing arrangements with suppliers in the area. In these cases the AT is directly delivered by the ASL and is on loan to the user.

When a device has been delivered it should be tested/checked (**follow-up**) by the specialist practitioner or other appropriate personnel before reimbursement of the supplier. There are established procedures covering set-up/adaptation/testing, servicing and repair, and replacement with a new device after an appropriate period. These vary depending on which list is involved.

Range of AT financed

In Italy, the categories of assistive devices eligible for provision through the National Health Service (NHS) are established by the Ministry of Health. They are listed in the *Nomenclature Tariffario delle Protesi e degli ausili* (Nomenclature and Tariffs of prosthetic and assistive equipment) and organised into sub-lists depending on whether a fixed reimbursement price is established (*List 1 – mainly custom-made or highly personalised equipment*), or the price negotiation is left to each Local Health Authority (*List 2 – mainly off-the-shelf products*), or the equipment is due to be purchased by the Local Health Authority and loaned to the user (*List 3 – mainly products with critical maintenance needs*, such as nutrition or respiratory devices).

The Nomenclature Tariffario (NT) includes almost all prosthetic, orthotic, orthopaedic and hearing equipment, and most 'traditional' assistive devices, such as wheelchairs, walkers, beds, hearing aids, incontinence aids, etc. However, there are areas insufficiently covered or even missing, such as communication devices and ICT equipment. Indeed, the current List was published in 1999; a new release with improved coverage was compiled in 2008 but hasn't been enacted into Law yet. In general, mobility devices and hearing and vision ATs are well covered but communication, learning and cognitive needs are left to the self initiative of the user.

Financing of solutions which are not listed in the NT and are not eligible within the social provisional system is sometimes provided by regional/local rules. For example in Lombardy Region, the already mentioned Law 23/99, Section 4, grants some funding (70% of the total, up to a maximum of 15,000 euro for devices supporting education or employment); in the Autonomous Region of Trento the already mentioned Pacchetto Domotico Trentino provides funding for experimental high tech devices at home; Provinces in Lombardy region can give an individual contribution, called "Job Grant" for devices encouraging social integration. The provision of devices aimed at blind students under the age of 18 (for example Braille bars) is still under the responsibility of provinces.

Approaches to financing

AT included in the NT lists is directly supplied without charge or reimbursed up to the levels stipulated in the NT. Users who wish to purchase more expensive models than those available through the NHS are free to do that by paying the price difference.



Users who need assistive equipment not listed in the NT or need other kinds of technical intervention (such as home adaptations or car adaptations), have to buy them out-of-pocket. In this case, users freely choose/purchase the solutions and then apply whenever possible for partial reimbursement through various national or regional schemes (national fund for removing architectural barriers; regional funds for reducing dependence or supporting independent living; regional funds for family support; etc.). The amount of funding is decided case-by-case by the funding Body (Region, Municipality, ASL), often depending on the available budget.

Fiscal benefits (reduced VAT 4% instead of 21 or deduction from the annual tax declaration) are also possible for some types of equipment, if a medical declaration states that they are related to a disability.

People with disabilities resulting from certified work accident or occupational illness can rely on higher coverage and reimbursement thresholds, through the National Insurance for Labour Accidents (INAIL).

As far as employment and education sectors are concerned, the actors in charge of providing AT are the employer/the school institution, which directly supply the device and officially own it.

In relation to traditional assistive devices (prosthetics, orthotics, foot wear, hearing aids and most mobility equipment), the provision system works well. In contrast, the system for more recent or innovative technologies, ICT equipment for communication and environmental control devices could be enhanced.

Employment

Legislation/policy

Law 68/99 (Law for rights of disabled people in employment) introduces the **requirement for employers to make adjustments** (reasonable accommodations) **to meet needs of disabled employees** and also provides that people with disabilities can request supports from the local municipality. Law 4/2004 "Stanca Law" is mainly aimed at public agencies, and **recommends that they purchase / acquire accessible IT products and services** to meet the needs of disabled employees. Law 626/94 states that the employer is in charge of safety and security at work. The employer must bear all the expenses concerning the workplace adaptation, as many Bench judgements confirmed.

System of delivery

For the most part, AT for employment purposes (but not limited to the workplace, i.e. for personal use as well) is delivered by the ASLs in a manner similar to the services for home/community/everyday life purposes. Work place adaptation is under responsibility of the company. According to law 626/94, the employer is in fact in charge of providing devices aimed at adapting the place of work.

In general the processes connected to the provision of ATs are the same as in the case of AT for home/community/everyday life usage, the procedure may involve Local Health Units, Social Services or INAIL. In cases involving the INAIL (for people with occupational disabilities) the assistive devices are again provided by INAIL doctors with appropriate skills and the installation/follow-up process may involve INAIL technicians in more complex cases.

Education

Legislation/policy

Law 104/92 ("*Law for the assistance, social inclusion and rights of disabled people*") addresses **provision of AT in educational settings**, establishing joint responsibility of schools and ASLs in this regard. Law 4/2004



“*Stanca Law*”, Section 5 addresses accessibility of educational tools; in particular it states that schoolbooks must be available also in digital format. Law 170/2010 – addresses measures to assure the right to education to students with learning disabilities.

System of delivery

The Italian school system is inclusive. There are no special schools, **mainstream education is assured to all students**, according to law 517/77. In fact, Italy guarantees the right of education to all students, including those with disabilities, favoured by special social and psycho-pedagogical support services. Schools and the ASLs are both involved in this area, with the schools expected to take the lead in identifying AT needs and ensuring provision. In practice this seems to vary widely and depends on the budgets available to the schools.

As soon as a student with a disability starts school (within 2 months from the start) an **Individualised Educational Programme (PEI)** is elaborated by a team composed of teachers, health and social professionals and the child’s family as well. It deals with educational objectives, work planning and technologies to be used.

If the AT is necessary for the student’s adaptation and ease within the school structure (for example a stair lift, or a video magnifier/educational software), the device will be provided by the school, which then keeps it. If the student with disability needs a device aimed at personal use, it will be provided by the National Health System.