**LEGAL REFERENCE:** Chronic Disease and Disability Benefits Regulation  
Section 1, 2(i)

**DEFINITIONS:**

**Manual Wheelchair:** Manual wheelchairs are those that require human power to move them.  

**Electric, or power, wheelchair:** Electric wheelchairs, or "power chairs," use electric motors to move the wheels. The user typically controls speed and direction by operating a joystick. Many other input devices can be used if the user lacks coordination or the use of the hands or fingers, such as chin controls and puff/suck scanners for those with C2-3 spinal cord lesions or head injuries. Power chairs can offer various powered functions such as tilt, recline, leg elevation, seat elevation, etc. Three styles of power chairs exist: rear, centre, and front wheel driven. Each style has particular handling characteristics.  

**BACKGROUND:**

There are instances where a specialized electric, or power, wheelchair may be required to meet the health care needs of an individual who cannot use a manual wheelchair.

The Chronic Disease and Disability Benefits Regulations provide expanded coverage for this purpose.

NIHB does pay for electric wheelchairs on a case by case basis after approval from Ottawa is received.

**POLICY:**

Upon the provision of written support to the Chronic Disease and Disability Benefits program by an Occupational Therapist or Specialist in Rehabilitation Medicine, special consideration may be given to provide full coverage of an electric wheelchair for an individual who is unable to propel themselves in a manual wheelchair. This written support should clearly outline the medical need specific to the individual.

Each request shall be considered on a case by case basis and shall be approved by the Director, Insured Health Services or the Manager of Extended Benefits.

Insured Health Services shall be considered the payor of last resort and other eligible client funding should be accessed first.

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1 http://www.answers.com/topic/wheelchair
Repairs will be the responsibility of the client if they are deemed to be the result of an inappropriate use of equipment.

All other Insured Health related policies that govern replacement, ownership, and depreciation shall apply.

APPROVED BY: ___________________________         Date: ____________

Dorothea Talsma,
Pharmaceutical Programs Manager

Note: All requirements of the Acts and Regulations governing Yukon Insured Health Services shall remain in effect.