

February 9, 2009

Help Protect Home Oxygen Patients and Suppliers

Dear Colleague,

We are writing today to urge you to protect nearly 1.5 million oxygen patients in the Medicare program who receive oxygen therapy in their homes. While we are keenly interested in making Medicare more efficient and less costly we believe that policy that affects treatment for Americans must be considered from a clinical, service-oriented, and economic perspective.

Please join us in protecting Home Oxygen Equipment suppliers by sending a letter to the Ways and Means Committee, Energy and Commerce Committee and Leadership asking them to urge Centers for Medicare and Medicaid Services (CMS) to provide appropriate payments for home oxygen therapy to continue through the beneficiary's period of medical need. Specifically, we are seeking their attention and help on a recently released final rule that would cap Medicare reimbursements for home oxygen suppliers at 36 months.

CMS released this rule on October 30, 2008, which went into effect on January 1, 2009, and coincides with an across-the-board 9.5% cut in Medicare reimbursements to home oxygen suppliers. Without adequate recognition of the services that home oxygen providers furnish, the quality of care that patients have come to expect will deteriorate, leading to an increase in the number of emergency room visits. Some concerns in the new rule include:

1. The rule establishes inadequate maintenance and service payments equal to two 30 minute visits annually at a payment rate of approximately \$30 per visit;
2. The rule requires the original oxygen provider to continue to provide oxygen therapy for those patients who move out of the original oxygen provider's service area. Thus, the Ohio provider whose patient moves to Florida is still responsible for the provision of care to the patient in Florida;
3. The rule does not recognize the 24/7, unscheduled emergency care that providers currently furnish to their patients; and
4. The rule requires the oxygen provider to continue to provide all supplies and parts for non-routine maintenance necessary for the proper administration of oxygen therapy for a period of 2 years.

This letter asks assistance in urging CMS to revise post-36 month oxygen payment policies to address serious shortcomings that are creating hardships for both oxygen patients and providers of these services. The letter further asks the committees and/or Leadership to consider taking further congressional action if need be.

If you would like to sign on to the attached letter or have any questions, please contact Emily Henehan in Congressman Tom Price's office at emily.henehan@mail.house.gov (5-4501), Kate Callanan in Congressman Ross' Office at kate.callanan@mail.house.gov (5-3772), Andrea Uckele in Congresswoman Jo Ann Emerson's Office at andrea.uckele@mail.house.gov (5-4404) or Erin Doty in Congressman Shuler's office at erin.doty@mail.house.gov (5-6401).

Yours Truly,

/s/
Tom Price, M.D
Member of Congress

/s/
Mike Ross
Member of Congress

/s/
Jo Ann Emerson
Member of Congress

/s/
Heath Shuler
Member of Congress