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House Republican Leader Boehner Says CMS Policies on Home Oxygen Therapy Will “Potentially Harm” Care Available to Medicare Beneficiaries

WASHINGTON, DC (March 24, 2009) – In a letter to the Centers for Medicare and Medicaid Services (CMS), House Republican Leader John Boehner (R-OH) urged CMS to reconsider policies governing Medicare’s payment of emergency services, supplies, and other obligations after 36 months of service. The Boehner letter comes on the heels of a letter signed by 123 members of the House expressing concern over the same policies.

Citing lack of payments for maintenance and services post-36 months, Rep. Boehner said, “Not only does this policy potentially harm the current care that many Medicare beneficiaries are receiving, but oxygen providers may be forced to make difficult decisions and reduce services that these beneficiaries and their physicians traditionally rely upon.”

In the March 18th letter, Rep. Boehner calls attention to Centers for Medicare and Medicaid (CMS) policies that require home oxygen providers to provide, without any payment, unscheduled service and maintenance visits, 24-hour emergency care, equipment repairs and oxygen supplies for two years following the 36-month rental cap. The CMS policies also require the original oxygen provider to ensure the provision of these services even when a beneficiary moves to a part of the country where the provider does not operate.

Applauding the Republican Leader’s attention to this issue, Chairman of the Council for Quality Respiratory Care (CQRC) Peter Kelly said “We praise Congressman Boehner for standing up for home oxygen patients and providers across the country.” CQRC is a coalition of leading home oxygen therapy providers and manufacturers who care for nearly one half of the 1.5 million Medicare home oxygen beneficiaries. “We, too, have urged CMS to use its authority to make payments for services and supplies required by beneficiaries for the entire length of their medical need.”

On January 1, 2009, massive cuts to the Medicare home oxygen benefit, in the form of a 36-month cap enacted by Congress in the Deficit Reduction Act of 2005 (DRA), took effect, sending a slow but growing tidal wave of change throughout the provider community. In addressing the implementation of the 36-month cap policy, CMS issued a regulation that home oxygen providers will no longer receive Medicare payment for patient-

generated, non-routine emergency visits or needed oxygen supplies, such as oxygen tubing and masks, once a beneficiary reaches the three year mark. These CMS-developed policies came at a time when the home oxygen benefit was also subject to a payment cap and an additional 9.5 percent across the board cut. The collective impact of these policies equals a 27 percent cut, totaling \$845 million this year alone.

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The Council for Quality Respiratory Care, a coalition of the nation's leading home oxygen therapy providers and manufacturers representing nearly one half of the approximately 1.5 million Medicare beneficiaries who depend on the home oxygen benefit for independence and quality of life.