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**Home Oxygen Leaders Applaud Introduction of Medicare Home Oxygen Therapy Act in the U.S. House; Urge Congress to Include Legislation in Health Reform Package**  
*Home Oxygen Reform Act Protects Patient Access, Promotes Quality Care, Aligns Payment to Beneficiary Need*

**Washington, DC (July 15, 2009)** – The Council for Quality Respiratory Care (CQRC), a coalition of leading home oxygen therapy providers and manufacturers who provide care and services to chronically ill home oxygen patients, expressed strong support for the Medicare Home Oxygen Therapy Act of 2009 (H.R. 3220), legislation that offers a thoughtful, comprehensive approach to reforming the Medicare home oxygen benefit and protects the care needs of the nation’s home oxygen beneficiaries.

“As providers of quality home oxygen care, we proudly support this legislation and look forward to working with policymakers to ensure it is passed into law,” said Peter Kelly, Chairman of CQRC. “As Congress engages in discussions on broad healthcare reform, we urge our leaders in Washington to support this legislation, which strengthens and protects the Medicare benefit 1.5 million patients rely upon for care.”

The Medicare Home Oxygen Therapy Act of 2009 creates a patient-centric Medicare benefit that appropriately recognizes the critical importance of patient services and aligns payment with the costs of meeting patient needs. The legislation also provides beneficiary protections and addresses fraud, abuse and waste through the creation of a National Advisory Committee. Specific components of this budget-neutral legislation include:

- a uniform set of beneficiary services;
- expanded retesting requirements to ensure that only those who need oxygen therapy receive it;
- standards for qualified home oxygen therapy providers, including holding accreditation from at least one Centers for Medicare and Medicaid Services (CMS) deemed accrediting body and complying with the Medicare Supplier Enrollment Safeguards and the Medicare Quality Standards regulations;
- a reformed payment system that links Medicare payment with beneficiary need, ties reimbursement rates to cost, and creates cost transparency;
- specific beneficiary rights and protections; and,
- a new HHS Home Oxygen Therapy Advisory Committee that includes representatives from all stakeholders in the home oxygen therapy community and has responsibility for addressing such issues as fraud, abuse and waste.

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Additionally, the legislation eliminates the 36-month cap on home oxygen, guaranteeing access to beneficiaries throughout their length of medical need, and excludes oxygen from the CMS competitive bidding program for durable medical equipment.

In recent years, the home oxygen community has been subject to repeated cuts, deeply impacting providers and threatening access to critical beneficiary services. In 2009 alone, the home oxygen benefit was cut by 27 percent, or nearly \$850 million, reducing reimbursement for home oxygen to levels less than they were in 1997.

“Reforming the Medicare home oxygen benefit will offer our community the stability needed to ensure beneficiaries have access to quality home oxygen care now and in the future,” added Kelly. “We have struggled to maintain service and quality levels and retain valuable staff in the face of recent policy changes and we believe this legislation is the vehicle for modernizing and preserving this vital benefit – a benefit that allows patients to remain independent at home and saves taxpayer dollars by avoiding difficult and costly hospital stays.”

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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 more than 1.5 million Medicare beneficiaries who depend on the home oxygen benefit for independence and quality of life.*