

**Congress of the United States**  
Washington, DC 20510

July 18, 2018

The Honorable Seema Verma  
Administrator  
Centers for Medicare & Medicaid Services  
U.S. Department of Health and Human Services  
Hubert H. Humphrey Building, Room 445-G  
200 Independence Avenue, SW  
Washington, DC 20201

Dear Administrator Verma:

We are writing in regard to the May 9, 2018 CMS interim final rule (IFR) with comment period entitled "Durable Medical Equipment Fee Schedule, Adjustments to Resume the Transitional 50/50 Blended Rates to Provide Relief in Non-Competitive Bidding Area". While this IFR could provide relief to some DME providers in communities designated rural and non-contiguous, for many other DME providers, including many in West Virginia, the IFR does not go far enough to ensure continued access for the elderly and disabled who rely on this equipment and those who service it.

As a result of the dramatic reduction of reimbursement rates for providers of Durable Medical Equipment (DME) in Non-Competitive Bidding Areas (CBAs) West Virginia has lost 38% of our providers in the last two years. The West Virginia Congressional delegation has repeatedly expressed concerns regarding the significant cost differences that rural providers face relative to their urban counterparts within the CBAs. We were hopeful that the IFR would prevent further closures and begin to move towards adequate reimbursement for our providers by addressing this issue.

Unfortunately, this did not occur. Under the IFR, many rural places in our state were not classified as rural by CMS. The rural classification for DME should mirror the rural classification for rural clinics and critical access hospitals (CAH) which currently it does not. This creates more issues for keeping the cost of providing care across the continuum low due to lack of access. When the CAH cannot timely discharge a patient due to limited or no access of home oxygen or other medical equipment it creates hardship on the family and adds more expense to the Medicare system. West Virginia Medicaid is also feeling the impact of the shortage of providers.

West Virginia is a rural state and our seniors rely on the compassionate care that our small businesses provide, including home delivery, set-up assistance, and prompt service when problems arise such as floods, snow storms and high winds. For example, during power outages, the oxygen patient has a limited amount of oxygen to sustain them, and our DME providers are able to supply the backup oxygen they need. Without this type of service the patient will require

a trip to the hospital emergency room or worse possible death. We implore you to take into account the unique challenges that small providers in our rural state face as CMS considers the final rule.

Finally, we would like to formally invite you to West Virginia to meet with our DME providers and patients. Thank you for your consideration of our letter, and we look forward to reviewing your written response outlining how CMS will ensure that patients in rural areas have access to DME services by August 15, 2018.

Sincerely,



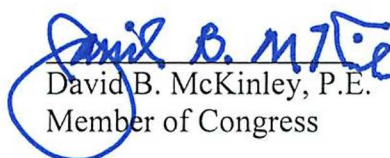
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Joe Manchin III  
United States Senator



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Shelley Moore Capito  
United States Senator



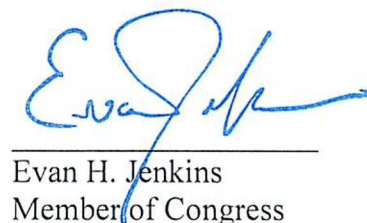
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David B. McKinley, P.E.  
Member of Congress



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Alex X. Mooney  
Member of Congress



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Evan H. Jenkins  
Member of Congress