

Congress of the United States
Washington, DC 20515

September 7, 2018

The Honorable Seema Verma
Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Hubert H. Humphrey Building Room 115-G
200 Independence Avenue, SW
Washington, DC 20201

Dear Administrator Verma:

We are writing in regards to the July 19, 2018, proposed rule entitled, “Medicare Program; End-Stage Renal Disease Prospective Payment System, Payment for Renal Dialysis Services Furnished to Individuals With Acute Kidney Injury, End-Stage Renal Disease Quality Incentive Program, Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Competitive Bidding Program (CBP) and Fee Schedule Amounts, and Technical Amendments To Correct Existing Regulations Related to the CBP for Certain DMEPOS.”

While we commend CMS for taking incremental steps forward to improve the CBP, once a new round is conducted, a significant proportion of Iowans will be excluded from the positive changes should this rule become final. It is our concern that certain proposals within this rule fall short of ensuring access to durable medical equipment (DME) for seniors and those with disabilities who rely on this critical equipment.

Competitive bidding has resulted in dramatic reimbursement reductions for DME suppliers in non-CBAs, forcing approximately one-third of suppliers in the state of Iowa to close their doors. The closure of a supplier in rural Iowa leaves beneficiaries, their families, hospital discharge planners, and physicians without options for a patient to remain safely in the comfort of their own home. With more than half a million Medicare beneficiaries in the state of Iowa, this must be solved urgently. While steps have been taken to strengthen access for patients in the more remote areas of Iowa, many beneficiaries in areas CMS does not consider “rural” will be excluded from this relief. In fact, approximately 55% of Iowans reside in the areas which CMS deems non-rural. With oxygen concentrator (E1390) monthly rental reimbursement at \$69.99 in a non-rural area compared to \$121.46 in rural areas under this proposed rule, this is a substantial difference in the eyes of a supplier. The exclusion of non-rural areas has left suppliers and beneficiaries in the exact position prior to this announcement: struggling to maintain a quality level of care and access to DME.

The entire Iowa delegation has supported several measures of Congress, which clearly outline the intent of Congress for reimbursement relief to be applied to all non-CBAs, not just the areas that CMS deems as rural for the CBP. Specifically, Section 16008 of the 21st Century Cures Act mandated CMS take into account stakeholder input on the methodology of adjusting fee schedule amounts paid in non-bid areas, not just rural areas. Suppliers are being asked to travel in upwards

of one-hour round trip to care for a patient residing in a non-rural area due to the decrease in suppliers; it is extremely difficult for suppliers to do that. CMS has cited the concerns suppliers shared through various public comment opportunities, although has not taken action to solve exact problem outlined above.

This disparity must be corrected by CMS in order for proper and more accurate classification of these areas at greater risk of losing access to care for beneficiaries.

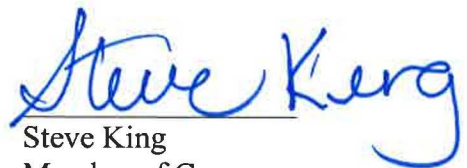
More than one million Iowans live in rural areas of the state, and they rely on the compassionate, hands-on care that DME suppliers provide in order for seniors and those with disabilities to live safely and comfortably in their own homes. This industry provides great health care cost savings to state and federal governments as they work to prevent costly hospitalizations or admissions into skilled nursing facilities. Without an adequate network of suppliers throughout rural and remote areas of the country, those in need of these products will be forced to move out of their homes just to receive the care that they need.

We respectfully ask that CMS take these considerations into account when reviewing public comments prior to issuing a final rule, and would like these concerns considered in the determination of extending the 50/50 blended rate to all non-CBAs. This will ensure that a large segment of the population living in non-bid areas be granted the same level of care as those in remote areas. We would welcome you to visit with a number of DME suppliers in my district and the patients they serve to hear first-hand how these reimbursement cuts have affected their ability to serve patients with the level of care that beneficiaries deserve.

Sincerely,



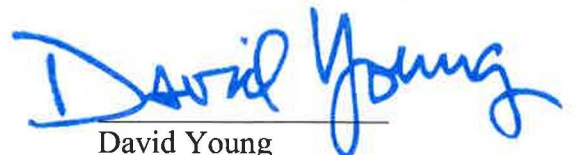
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Member of Congress



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