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United States Senate

COMMITTEES: **FINANCE** HEALTH, EDUCATION, LABOR, AND PENSIONS ENERGY AND NATURAL RESOURCES **VETERANS' AFFAIRS** JOINT ECONOMIC COMMITTEE

June 28, 2019

The Honorable Alex M. Azar II Secretary, U.S. Department of Health & Human Services 200 Independence Avenue, SW Washington, DC 20201

The Honorable Seema Verma Administrator, Centers for Medicare and Medicaid Services 200 Independence Avenue, SW Washington, DC 20201

Dear Secretary Azar and Administrator Verma:

We write to encourage the Centers for Medicare and Medicaid Services (CMS) to engage with stakeholders and take the steps necessary to ensure continued beneficiary access to non-invasive ventilators prior to finalizing its proposal to add these devices to the Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) competitive bidding program. We urge you to examine alternative ways to evaluate and address increased utilization of these devices and work with stakeholders to ensure that safeguards protecting beneficiary access are in place before moving forward with this proposal.

While we appreciate CMS's efforts to balance program costs with efforts to improve access and quality care in the home, we were surprised to learn of the Agency's intent to include noninvasive ventilators in the next round of competitive bidding. To our knowledge, this is the first time CMS has proposed including items in the "frequent and substantial servicing" category in the DMEPOS competitive bidding program. Given the highly specialized nature of non-invasive ventilators, which many medically complex and vulnerable individuals rely on for care in order to remain in the home, we want to ensure CMS has taken the time to thoroughly evaluate alternative ways to address increased utilization prior to moving forward with this proposal.

The Medicare program has many tools at its disposal to effectively balance and maximize cost, quality, and access. For example, rather than moving forward with an abrupt effort to include all non-invasive ventilators in the DMEPOS competitive bidding program, CMS could evaluate other options to help address increased utilization of the products, such as considering possible changes to criteria for coverage. We urge you to evaluate alternative ways to address the increase in utilization prior to finalizing any proposal in this space.

If CMS decides to move forward with adding non-invasive ventilators to the DMEPOS competitive bidding program, we respectfully request that you consider the potential negative consequences on fragile medical communities and act to ensure the bidding and contract process takes into account medical need, care complexity, and beneficiary access to experienced

providers in this specialized field. It is paramount that CMS include patient safeguards to protect beneficiary access to these lifesaving devices.

We encourage CMS to engage with the stakeholder community prior to finalizing any policy on these care-intensive devices. We urge you to reconsider this proposal and take the time to identify a path forward that does not pose a risk to beneficiary access.

We ask that you keep our offices updated on next steps. Thank you in advance for your consideration.

Sincerely,

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Bill Cassidy, M.D.	Sherrod Brown
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