



September 18, 2025

The Honorable Brett Guthrie
Chairman
Committee on Energy & Commerce
2323 Rayburn House Office Building
Washington, DC 20515

The Honorable Frank Pallone
Ranking Member
Committee on Energy & Commerce
2322A Rayburn House Office Building
Washington, DC 20515

The Honorable Morgan Griffith
Chairman
Subcommittee on Health
Committee on Energy & Commerce
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Diana DeGette
Ranking Member
Subcommittee on Health
Committee on Energy & Commerce
2322A Rayburn House Office Building
Washington, DC 20515

Dear Chairman Guthrie, Ranking Member Pallone, Chairman Griffith, and Ranking Member DeGette,

The Council for Quality Respiratory Care (CQRC) applauds Reps. David Valadeo, Julia Brownley, Adrian Smith, and Gabe Evans for introducing H.R. 2902, the Supplemental Oxygen Access Reform (SOAR) Act. Led by patient advocates, physicians, and respiratory therapists the SOAR Act would reform the Medicare supplemental oxygen benefit to eliminate access barriers patients who require supplemental oxygen face under current policies. The SOAR Act seeks to reform the Medicare Supplemental Oxygen benefit in three major ways:

- Protecting against fraud and abuse, which includes establishing strong patient protections;
- Creating a stable Medicare reimbursement rate to ensure access to the proper oxygen modalities for patients and promote innovation in therapy options; and
- Recognizing the importance of respiratory therapy services in the delivery of high quality care.

Earlier this year, more than 30 health and medical organizations sent a letter to Congress urging Members to support the SOAR Act. [Read the full letter here](#). As the Committee considers legislation to incentivize access to innovation in the Medicare program, we urge Members to take up the SOAR Act and pass it this year.

The CQRC is a coalition of the nation's six leading supplemental oxygen and sleep therapy suppliers and manufacturing companies. Together we provide in-home patient services and respiratory equipment to more than 600,000 of the more than one million

Medicare patients who rely upon home oxygen therapy to maintain their independence and enhance their quality of life. Similarly, we provide homecare services, equipment and supplies to more than one million Medicare patients with Obstructive Sleep Apnea (OSA).

I. The SOAR Act Supports Innovation by Locking in the Savings from Medicare's Competitive Bidding Program and Addressing Chronic Underfunding for Liquid Oxygen.

Under current law, existing federal policies often undercut the ability of patients to access the medically necessary treatments their doctors prescribe, creating care barriers for individuals facing severe asthma, pneumonia, sleep apnea, chronic obstructive pulmonary disease (COPD), and cystic fibrosis. The SOAR Act addresses the challenges faced by Americans living with serious respiratory and pulmonary conditions by stabilizing the reimbursement rates for supplemental oxygen. It locks in savings achieved in previous rounds of Medicare's competitive bidding program (CBP) by removing these products from future rounds of CBP. In addition to protecting patient access, stable rates mean that researchers and innovators are more likely to invest in the development of innovative treatment options. Unlike patients with other chronic diseases, those that require supplemental oxygen have seen very little innovation during the past 25 years.

Unfortunately, those previous rounds resulted in rates that no longer support patient access to liquid oxygen. For patients with diseases such as cystic fibrosis, pulmonary fibrosis, or those in need of a lung transplant, liquid oxygen is their lifeline. The SOAR Act provides CMS with the authority it needs to evaluate the cost of providing liquid oxygen and establish a separate payment rate that acknowledges the higher cost of providing liquid oxygen. The American Thoracic Society (ATS) published that patients are unable to access liquid oxygen and patients relying upon other modalities of supplemental oxygen also experience access issues.¹ CMS's own claims data shows a 126 percent reduction in claims for portable liquid oxygen and a 136 percent reduction in claims for stationary liquid oxygen when there has been no new treatment option available and an actual increase in the conditions for which physicians prescribe liquid oxygen. From 2017 to 2025, the CMS claims files show that the number of Medicare beneficiaries accessing portable liquid oxygen fell from 13,157 to 2,989 patients. During the same time period, the number of Medicare beneficiaries accessing stationary liquid oxygen equipment fell from 8,464 to 1,620 patients.² These policy changes will allow more beneficiaries who require supplemental oxygen to access to this therapy both in their home and communities.

¹Jacobs SS, Lindell KO, Collins EG, Garvey CM, Hernandez C, McLaughlin S, Schneidman AM, Meek PM. Patient Perceptions of the Adequacy of Supplemental Oxygen Therapy. Results of the American Thoracic Society Nursing Assembly Oxygen Working Group Survey. *Ann Am Thorac Soc*. 2018 Jan;15(1):24-32. doi: 10.1513/AnnalsATS.201703-209OC. PMID: 29048941.

²HMA. "Analysis of CMS Claims for Stationary and Portable Supplemental Oxygen." (2025).

II. The SOAR Act Would Establish Innovative Strategies to Eliminate Fraud and Abuse

For too long, the Medicare program has focused on paper physician medical record notes as the primary oversight tool. Yet, data from the Medicare contractors enforcing these rules consistently demonstrate that the medical records often lack the “magic words” contracts want physicians to write. The SOAR Act would leverage technology to make it easier for CMS to prevent fraudulent or abusive claims by requiring Medicare contractors to adopt electronic data elements (*i.e.*, a template) that CMS already has created. To date, contractors have refused to adopt these common-sense reforms. Adopting an electronic process in lieu of using physician’s chart notes would provide for much needed clarity and accuracy in the review process. The SOAR Act would establish specific supplier responsibilities to support and protect patients.

III. The SOAR Act Recognizes the Critically Importance of Respiratory Therapy Services

To protect access to care delivered by respiratory therapists and help patients afford and access these essential services, the SOAR Act establishes an add-on payment for respiratory therapy services to the supplemental oxygen rate, including the blended rates for rural and other non-urban areas.

IV. Conclusion

The CQRC looks forward to working with the Committee, patient advocates, health care professionals, and supplemental oxygen stakeholders to further advance this legislation in 2025. Please do not hesitate to reach out to me if you have any questions.

Sincerely,



Kathy Lester
Executive Director
Council for Quality Respiratory Care

Attachment: Stakeholder Letter in Support of the SOAR Act