



November 18, 2025

The Honorable Vernon Buchanan
Chairman
Subcommittee on Health
Committee on Ways & Means
1129 Longworth House Office Building
Washington, DC 20515

The Honorable Lloyd Alton Doggett II
Ranking Member
Subcommittee on Health
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1129 Longworth House Office Building
Washington, DC 20515

Dear Chairman Buchannan and Ranking Member Doggett,

The Council for Quality Respiratory Care (CQRC) appreciates the Subcommittee holding the hearing, “Modernizing Care Coordination to Prevent and Treat Chronic Disease.” It is particularly timely because patients living with chronic respiratory diseases have been fighting to address barriers in the Medicare program that have resulted in their no longer being able to access the supplemental oxygen they require simply to breathe.

The CQRC applauds Reps. David Valadeo, Julia Brownley, Adrian Smith, and Gabe Evans for seeking to address this issue with the introduction of H.R. 2902, the Supplemental Oxygen Access Reform (SOAR) Act. Strongly supported by patient advocates, physicians, and respiratory therapists the SOAR Act would reform the Medicare supplemental oxygen benefit to eliminate access barriers patients battling chronic respiratory diseases 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 through the adoption of an electronic template that eliminates faxing of medical record notes and the creation of 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).

Physicians rely on supplemental oxygen to manage chronic respiratory diseases because it increases oxygen levels in the blood, which helps improve patients' quality of life and can reduce symptoms like breathlessness, fatigue, and dizziness. It is used for conditions where the lungs do not get enough oxygen into the bloodstream, such as chronic obstructive pulmonary disease (COPD) or interstitial lung disease (ILD). Oxygen therapy is a medical treatment that requires a doctor's prescription after an assessment of the patient's oxygen levels during rest, activity, and sleep. The oxygen can be delivered via different types of devices at different liter flows individualized to support each patient. For example, it may be needed all the time, only during activity, or during sleep, depending on the patient's clinical needs.

During the last decade, the Medicare competitive bidding program (CBP) has successfully reduced the cost of supplemental oxygen, but recent rounds resulted in the rates for liquid oxygen modalities falling below the cost of providing the therapy. Medicare's payment rates for liquid oxygen are too low to cover the high costs associated with providing and servicing this modality of care, which has resulted in many suppliers no longer being able to provide it to patients.

The American Thoracic Society (ATS) has documented extremely patient access problems.¹ In one survey of physicians, nurses, respiratory therapists, and other stakeholders, ATS found that while patients experienced challenges with all modalities of supplemental oxygen, the most significant challenges were related to liquid oxygen. Liquid oxygen, which is typically used by high flow patients and those who need maximum portability, is often not available in many parts of the country, especially in rural areas, where the costs of regular delivery are prohibitive. As a result, these patients often cannot leave their home. Some patients, especially those in rural areas, find it challenging to have enough portable oxygen (as a result of the high liter flow) for medical appointments. Many patients are tethered to larger, bulky tanks that make it difficult to even move around the house. These problems are the result of the cost of supplemental oxygen exceeding the Medicare reimbursement rates to such an extent that suppliers can no longer afford to provide the equipment and supplies.

While the problem of access to supplemental oxygen to manage chronic respiratory diseases is most profound with regard to the liquid oxygen modality, stakeholders recognize that if the proposed rule CMS released in the summer of 2025 were finalized without modification, patients would also experience similarly profound access problems

¹Jacobs SS, Lederer DJ, Garvey CM, Hernandez C, Lindell KO, McLaughlin S, Schneidman AM, Casaburi R, Chang V, Cosgrove GP, Devitt L, Erickson KL, Ewart GW, Giordano SP, Harbaugh M, Kallstrom TJ, Kroner K, Krishnan JA, Lamberti JP, Porte P, Prieto-Centurion V, Sherman SE, Sullivan JL, Sward E, Swigris JJ, Upson DJ. Optimizing Home Oxygen Therapy. An Official American Thoracic Society Workshop Report. *Ann Am Thorac Soc*. 2018 Dec;15(12):1369-1381. doi: 10.1513/AnnalsATS.201809-627WS. PMID: 30499721.

for other oxygen modalities. Hundreds of suppliers have already stop providing any supplemental oxygen to Medicare beneficiaries and some manufacturers no long produce the equipment and suppliers prescribed by physicians.

We are pleased that the Subcommittee is considering ways to address challenges with the diagnosis and management of chronic diseases. **Supplemental oxygen provides patients with the ability to remain in their home and communities, while reducing costly hospital emergency department visits, hospital admissions, and having to receive care in institutional settings.** We urge the Subcommittee to work with the sponsors of the SOAR Act to obtain its passage before the end of the year.

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, this step would stabilize Medicare reimbursement rates, making researchers and innovators 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 ATS published that patients are unable to access liquid oxygen and patients relying upon other modalities of supplemental oxygen also experience access issues.² 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 period, the number of Medicare beneficiaries accessing

²Jacobs 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.

stationary liquid oxygen equipment fell from 8,464 to 1,620 patients.³ These policy changes will allow more beneficiaries who require supplemental oxygen to access to this therapy both in their home and communities.

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 Subcommittee, 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

³HMA. “Analysis of CMS Claims for Stationary and Portable Supplemental Oxygen.” (2025).