



June 30, 2026

The Honorable Brett Guthrie  
Chair  
Committee on Energy & Commerce  
2125 Rayburn House Office  
Washington, DC 20515

The Honorable Frank Pallone  
Ranking Member  
Committee on Energy & Commerce  
2125 Rayburn House Office  
Washington, DC 20515

Dear Chair Guthrie and Ranking Member Pallone,

We are writing as leaders of the supplier and manufacturer community who provide supplemental oxygen when prescribed to Medicare beneficiaries to request that you take up and pass H.R. 2902, the Supplemental Oxygen Access Reform (SOAR) Act, before the August recess. The House version is sponsored by Representative David Valadao (R-CA), Representative Julia Brownley (D-CA) and Representative Adrian Smith (R-NE). Senator Bill Cassidy (R-LA), Senator Mark Warner (D-VA), Senator Amy Klobuchar (D-MN) introduced companion legislation in the Senate (S. 1406). While other DME-related legislation is pending before Congress that our organizations support, it is critically important that the Committees immediately consider the SOAR Act independently and not slow down the ability of this legislation to proceed as the Committees consider other meaningful legislation.

The SOAR Act has achieved several important milestones to support advancing it through the legislative process prior to the August recess.

- In the House, there are more than 60 bipartisan cosponsors.
- It has been the subject of a positive hearing in the Energy & Commerce Health Subcommittee earlier this year, where there was widespread bipartisan support.
- The issues it addresses are urgent and consequential. Beneficiaries need access to liquid oxygen. The entire system needs stability to allow for innovation. Current CMS authority cannot solve this problem. Once new authority is enacted, it will still take CMS 2-3 years to implement the changes.
- Congress can capture a win by locking in the supplemental oxygen savings gained during the previous rounds of competitive bidding. These savings differentiate supplemental oxygen from other devices that have not been subject to competitive bidding previously.
- The electronic clinical data elements provision (the template) aligns with bipartisan initiatives to reduce fraud and abuse. The Department of Health and Human

Services' 2025 CERT data suggest the required use of a standardized data element template could stop \$60 million annually in improper payments for supplemental oxygen.<sup>1</sup>

- The legislation provides support for state-determined respiratory therapy services and establishes a methodology to preserve beneficiary access to these services.
- There is broad stakeholder support for the SOAR Act from more than 30 organizations that include patients and patient advocates, physicians, respiratory therapists, suppliers, and manufacturers.

More than 1.5 million people living with chronic lung and heart diseases are looking to Congressional leadership to address the significant challenges in accessing supplemental oxygen. The SOAR Act is critical to ensuring these individuals can access the oxygen treatment and services they need to live healthy and fuller lives.

Given the urgent need to protect patient access, the broad coalition of support, and years of work to develop balanced, targeted reforms that expand access to supplemental oxygen while leveraging technology to combat fraud and abuse, we urge the Committee to advance the SOAR Act so it can be enacted before the end of this Congress. Thank you for your attention to this critical issue.

Sincerely,

AAHomecare  
The Council for Quality Respiratory Care  
The VGM Group

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<sup>1</sup>CMS audit contractors for the CERT program project in the 2025 report that improper payments for supplemental oxygen equaled \$80,293,195. Approximately, 74 percent of that amount is due to insufficient documentation. The required use of an electronic standardized set of data elements (a template) would ensure sufficient documentation is provided in real time to contractors. Using these 2025 data, that means in a single year, CMS would eliminate approximately \$60 million in improper payments for supplemental oxygen. (CMS. Medicare fee-for-service supplemental improper payment data. U.S. Department of Health and Human Services. (2026)).