CQRC COUNCIL FOR QUALITY RESPIRATORY CARE

5 Reasons to Pass the SOAR Act Now

The bipartisan **Supplemental Oxygen Access Reform Act (S. 1406/H.R. 2902)** promises to revolutionize how Medicare beneficiaries living with respiratory and pulmonary diseases access medical oxygen. With approximately 80 bipartisan cosponsors in the U.S. Senate and House of Representatives, as well as the support of patient, physician, and supplier organizations, **it is time to pass this popular, pro-patient legislation into law.**

1 Patients deserve access to supplemental oxygen that best meets their clinical needs, including liquid oxygen.

Liquid oxygen for high-flow patients is nearly gone following the implementation of Medicare's competitive bidding program for oxygen supplies and services. Liquid oxygen—crucial for patients needing maximum portability or high continuous flow rates (>3 L/min) during exertion—is frequently unavailable, particularly in rural regions due to high delivery costs.

2 Administrative and documentation reforms are needed to address fraud and abuse and eliminate millions in improper payments.

HHS projects $80.3 million in improper payments for oxygen were made in 2025, 74.2% due to insufficient documentation. By implementing clinical data elements for sufficient documentation, CMS could reduce improper payments by nearly $60 million annually almost immediately.

3 Maintain Medicare savings already secured through the competitive bidding program (CBP).

Oxygen stationary rates decreased by 80.9% between 2017 and 2025 and portable rates decreased by 77.3% during the same period. Considering the significant savings already achieved though the CBP, additional savings is highly unlikely. Permanently removing supplemental oxygen from competitive bidding would preserve these savings and keep co-payments low for patients, which CMS recognized by not bidding oxygen in the current round.

4 Patients need reliable access to equipment, including repair and replacement.

A recent survey from the Pulmonary Hypertension Association reports hospital discharge delays due to inadequate access to supplemental oxygen. According to survey results, 94% of respiratory clinicians reported at least one discharge delay per month, while a third of the respondents reported six or more of their patients experienced delays every month due to lack of equipment.

5 Supplemental oxygen needs innovation.

A 2024 analysis by faculty at Georgetown University and Indiana University funded by the National Institute on Aging found that the Medicare competitive bidding program payment reductions stifled innovation. New product submissions to the FDA fell by 45%. There has been an 80% reduction in patent filings.

PASS THE SOAR ACT IN THE 119th CONGRESS.