



July 26, 2019

The Honorable Morgan Griffith
U.S. House of Representatives
2187 Rayburn House Office Building
Washington, DC 20515

The Honorable Peter Welch
U.S. House of Representatives
2202 Rayburn House Office Building
Washington, DC 20515

Dear Representatives Griffith and Welch,

On behalf of the undersigned organizations, we write to thank you for your leadership to ensure that patients have access to ventilation therapy among other critical home-based interventions. As you are aware, the Centers for Medicare and Medicaid Services (CMS) has decided to move forward with including noninvasive ventilators (NIVs) in the upcoming round of competitive bidding despite the letter that the two of you and 178 of your colleagues sent urging the agency to reconsider these plans. Given the significant concerns regarding the implications of competitive bidding NIV, compounded by the defects in existing Medicare coverage policies for these therapies, we respectfully ask you to consider introducing legislation to resolve these issues.

Our organizations are comprised of patient advocates and clinicians who are dedicated to the betterment of individuals with serious illness, including those with respiratory failure in need of treatment by mechanical ventilation. We are committed to working with you and other members of Congress to ensure that patients retain access to medically necessary ventilation therapy.

As your recent letter cautioned CMS, “in addition to mechanically facilitating patients’ breathing, ventilators are accompanied by varying degrees of respiratory therapy, device training, remote and in-home monitoring, as well as requiring emergency repair and maintenance.” Due to the way that NIVs and related services are reimbursed under a global monthly payment, we have grave concerns that competitive bidding will discourage the supply of appropriate ancillary clinical support and may actually make it economically unfeasible to furnish this care in many communities across the country. This would ultimately lead to more patients with respiratory failure being unable to remain in their homes, more emergency visits and hospitalizations, and overall worse health outcomes.

We do recognize that Medicare could save money by modernizing its coverage policies for ventilators and other respiratory assist devices. In March 2015, a multi-society request to update CMS' national coverage policy on ventilators was submitted at the agency's direction based on previous discussions only to have CMS decline to act on it. Therefore, we believe Congress should direct CMS to revisit outdated coverage policies in addition to excluding NIV from the competitive bidding program. We would appreciate the opportunity to work with your offices to develop bipartisan legislation to prevent the harm that could arise from moving forward with the inclusion of ventilators in competitive bidding.

Once again, we express our heartfelt thank you to each of you and your tremendous staffs for ongoing efforts to shield Medicare beneficiaries from harmful policies that could jeopardize access and exacerbate patient health.

Sincerely,

ALS Association
American Academy of Neurology
American Association for Respiratory Care
American Lung Association
American Thoracic Society
CHEST/American College of Physicians
COPD Foundation
CURE SMA
Les Turner ALS Foundation
National Association for Medical Direction of Respiratory Care
Pulmonary Fibrosis Foundation
U.S. COPD Coalition
United Spinal Association