March 20, 2020

SUBMITTED ELECTRONICALLY

The Honorable Alex Azar
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Ms. Seema Verma
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

RE: Request for Exclusion of Non-Invasive Ventilators from Medicare Competitive Bidding Program

Dear Secretary Azar and Administrator Verma:

The undersigned steering committee members of the Coalition to Preserve Rehabilitation (CPR) and the Independence Through Enhancement of Medicare and Medicaid (ITEM) Coalition write to formally request the Centers for Medicare and Medicaid (CMS) to **exempt non-invasive ventilators (NIVs) in the next round of the Medicare competitive bidding program scheduled to begin on January 1, 2021.**

We had concerns about patient access to ventilators under this program even before the COVID-19 pandemic, but given the fact that this virus’ most serious symptom is respiratory distress, we believe it is critical to postpone application of competitive bidding to NIVs at the earliest possible opportunity. All potential barriers to ventilators must be eliminated in order to ensure stable access to critical ventilation technology for Medicare beneficiaries.

The Coalition to Preserve Rehabilitation is a coalition of national consumer, clinician, and membership organizations that advocate for policies to ensure access to rehabilitative care so that individuals with injuries, illnesses, disabilities, and chronic conditions may regain and/or maintain their maximum level of health and independent function. The ITEM Coalition is a national consumer and clinician-led coalition advocating for access to and coverage of assistive devices, technologies, and related services for persons with injuries, illnesses, disabilities, and chronic conditions. Our members represent individuals with a wide range of disabling conditions, as well as the clinicians and providers who serve them, including such conditions as ALS, multiple sclerosis, paralysis, cerebral palsy, spinal cord injuries, brain injuries, stroke, limb
loss, spina bifida, myositis, hearing, speech and vision impairments, Osteogenesis Imperfecta, and other life-altering conditions.

As the coronavirus pandemic continues to impact American life, we understand that the vulnerable populations we represent are at high risk, and many individuals with debilitating neuromuscular conditions (such as ALS), spinal cord injury, thoracic restrictive disorder, quadriplegia, COPD, and other serious medical conditions already live in dire need of sustained access to life-saving respiratory devices and corresponding clinical services. In addition, the nature of the coronavirus has resulted in significantly increased need for ventilation technology for those with serious symptoms, and there are already shortages of these devices across the country.

Our coalition members have had long-standing concerns that the competitive bidding program for durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) limits access, choice, and quality of care. We have seen the particularly negative implications of this program in the area of complex rehabilitation technology (CRT). We believe that CMS’ current plan to expand competitive bidding to NIVs will jeopardize Medicare beneficiaries’ ability to receive care that meets their unique medical and functional needs, an outcome that is particularly dire when access to ventilation is becoming a nationwide priority.

Postponing competitive bidding for non-invasive ventilators will be a crucial step towards ensuring access to this critical, life-saving technology at a time when federal, state, and local governments and the private sector should prioritize increasing access as much as possible. **We strongly recommend that CMS take decisive action to expand access to ventilators by removing NIVs from the next round of the competitive bidding program and protect beneficiaries in need of ventilators, whether that need is related to COVID-19 or other diagnoses.**

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We greatly appreciate your attention to this important issue. Should you have further questions regarding the information contained in our letter, please contact Peter Thomas and Joe Nahra, coordinators for the ITEM and CPR Coalitions, at Peter.Thomas@PowersLaw.com and Joseph.Nahra@PowersLaw.com or call 202-872-6730.

Sincerely,

**CPR and ITEM Coalition Steering Committee Members**

ALS Association
Amputee Coalition
Brain Injury Association of America

*(continued on next page)*
Center for Medicare Advocacy
Christopher and Dana Reeve Foundation
Falling Forward Foundation
National Multiple Sclerosis Society
Paralyzed Veterans of America
Spina Bifida Association of America
United Spinal Association

CC:
The Honorable Eric D. Hargan, Deputy Secretary
Demetrios Kouzoukas, Principal Deputy Administrator for Medicare
Brady Brookes, Deputy Administrator and Deputy Chief of Staff
Kimberly Brandt, Principal Deputy Administrator for Operations
Elizabeth Richter, Deputy Director, Center for Medicare
Jason Bennett, Acting Director, Chronic Care Policy Group
Jeanette Kranacs, Deputy Director, Chronic Care Policy Group
Joel Kaiser, Director, Division of DMEPOS Policy
Michael Keane, Director, Division of DMEPOS Competitive Bidding
Joe Bryson, Deputy Director, Division of DMEPOS Competitive Bidding