



AMERICAN ASSOCIATION FOR RESPIRATORY CARE
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October 12, 1999

Mr. Herbert Silverman
Health Care Financing Administration
C4-17-27
7500 Security Blvd.
Baltimore MD 21244-1850

Dear Mr. Silverman:

The American Association for Respiratory Care (AARC) a 36,000-member professional association of respiratory therapists welcomes the opportunity to comment on the second competitive bidding demonstration project. The AARC continues to be concerned that the service standards DME suppliers will be required to meet in the next competitive bidding project will be inadequate to ensure that the medical needs of the home oxygen patient will be met.

The AARC's representative to the original competitive bidding National Technical Experts Panel (PTAC), Mr. Patrick Dunne, RRT, presented the views of the respiratory therapy and pulmonary medicine communities. Home oxygen therapy does not simply consist of oxygen delivery devices, but includes the services and clinical assessment of the patient's condition by trained health care professionals.

Enclosed is a copy of the Clinical Practice Guideline (CPG) for the provision of home oxygen therapy. This guideline was developed by the respiratory and pulmonary medicine communities and has been peer reviewed. It, along with other respiratory therapy CPGs, has been accepted for publication by the Agency for Health Care Policy and Research (AHCPR) and can be found on the agency's Web site <http://www.guideline.gov/>. We believe the home oxygen therapy CPG provides an excellent tool from which to devise criteria for DME suppliers to meet when submitting bids under the oxygen therapy category.

The AARC is well aware that the Medicare statute does not reimburse for services under the DME benefit. Many, *but not all*, DME suppliers assume the financial responsibility for providing the clinical services of a respiratory therapist to care for the home oxygen patient. Patients receive the needed care, evaluation, and assessment from the respiratory therapists, while Medicare reaps this benefit without incurring any cost to the program.

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Many suppliers recognize, even if Congress and HCFA will not, that home oxygen therapy has evolved from the delivery of simple oxygen cylinders to a complex medical therapy, in which the oxygen device is but one component of the overall plan of care. In this era of decreased reimbursements for home oxygen therapy, it is becoming more difficult for conscientious DME suppliers to provide the clinical support needed by home oxygen therapy patients. To exacerbate the situation even further, in the competitive, price-driven environment, created by the competitive bid project, the additional and critical clinical services for the home oxygen patient will simply be unaffordable for DME suppliers to provide. Absent a requirement or standard by HCFA that qualified health care professionals must be made available to home oxygen therapy beneficiaries, winning bidders will simply compete on price and eliminate that which is not required.

Mr. Dunne, with the support of other PTAC members recommended to Palmetto GBA that a service standard be included in the competitive bid requirements for suppliers to provide or arrange for follow-up service visits by a credentialed or state licensed respiratory therapist, or equivalent, when such visits are requested by the prescribing physician. Palmetto GBA chose to delete this PTAC recommendation from the final set of competitive bid requirements.

The stated intent of the competitive bid demonstration project is to determine whether savings to the Medicare program can be realized without compromising beneficiaries current level of service. It must be assumed that the current level of service of many home oxygen therapy patients includes the services of the respiratory therapist. Therefore, beneficiaries who will be subject to the next competitive bid demonstration project must be able to access the same level of service they currently enjoy.

The AARC urges HCFA to factor into the competitive bid guidelines a standard that requires *clinical services*. The AARC reiterates its support of the original PTAC recommendation that suppliers provide or arrange for follow-up service visits by a credentialed or state licensed respiratory therapist or equivalent, when such visits are requested by the prescribing position. If the AARC can provide any further information, please do not hesitate to contact me.

Sincerely,



Dianne N. Kimball, RRT
President

DK/bd