Dear Messrs. Cochran, Becerra, Fenton, and Zients:

We are writing to convey urgent concerns over the escalating threat faced by our communities from widespread supplemental oxygen therapy supply disruptions and shortages; and to request your direct involvement in bringing coordinated federal resources to bear on these life-threatening challenges.

Our organizations have engaged with public and private sector leaders for months as the COVID-19 pandemic brought extraordinary risks to these vulnerable populations both in terms of the novel coronavirus itself and the unprecedented, broadening demand for specific medical care, including supplemental oxygen, which is essential for their survival. Before the pandemic, it is estimated that over 1.5 million Americans required oxygen therapy.1 The hundreds of thousands of new COVID-19 patients requiring supplemental oxygen have strained the

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availability of oxygen systems in many areas beyond the breaking point. We have received many reports of people with COVID-19 requiring oxygen in some areas either being sent home without it or remaining in hospitals until systems become available for them. The devastating effects of recent weather conditions across much of our nation have elevated a looming crisis that warrants your immediate attention.

To illustrate the severe nature of these conditions, consider the following reports among the thousands we are receiving from people struggling to maintain their care.

C.H. – All together over four days, I had oxygen less than one day. Scary 4 days. O2 level hit 68 to a low first night, most of the time I averaged 79 to 85. Besides anxiety attacks and panic attacks, family also worried about my oxygen.

D.K. – Without any backup and without knowing how long the [power] outage would last, I sat in my living room chair covered in blankets, wife at my side. Couldn’t bring myself to calculate how long the oxygen would last, despite having an app on my phone to do just that, because “it was too scary to think about. For maximum conservation, turned my device down to 1 (usual setting is 4) and sat perfectly still to maintain saturation level. The first thing I did was call my DME provider, but their phones were forwarded to a “travel office” in Kansas City, which only had a voicemail stating his local office was closed.

While these critical needs are erupting at a time of unprecedented stress on our nation’s health care capacity, there is no alternative for those who depend on supplemental oxygen therapy than to appeal for appropriate intervention by the federal government. We have deep concerns that have been voiced repeatedly to policymakers regarding the impediments to an adequate and resilient supplemental oxygen supply, particularly for Medicare beneficiaries and their clinicians who face longstanding access challenges. Unfortunately, the combination of the pandemic impacts and these underlying factors have brought us to a precipice.

At this time, we ask you to consider extraordinary measures under federal public health emergency and relevant regulatory authorities to confront the supplemental oxygen supply crisis. We expect an effective response will require coordination across multiple programs and resources to support the production and delivery of this crucial therapy. As the past several days have vividly demonstrated, the supply chain is heavily overtaxed and prone to repeated failures at both the individual and system levels.

We stand ready to participate as action is taken both to meet the pandemic demands and to ensure sustainable oxygen therapy for millions of Americans. Please contact Mike Hess, MPH, RRT (mhess@copdfoundation.org) for any additional information.

Sincerely,

American Association for Respiratory Care
COPD Foundation
Dorney-Koppel Foundation

Pulmonary Fibrosis Foundation
U.S. COPD Coalition