July 29, 2021

Re: Proposed Decision Memo on Home Use of Oxygen and Oxygen Use to Treat Cluster Headaches (CH) (CAG-00296R2).

The American Association for Respiratory is among a group of pulmonary and patient advocate organizations that have submitted joint comments in response to CMS’ subject proposed decision memo. In addition to those comments, the AARC would like to offer separately one additional recommendation that is of particular concern to our members. It involves paragraph 240.2.F. in the National Coverage Determination (NCD) concerning respiratory therapists. CMS proposes to remove this section from the NCD since the DME benefit does not include clinical services.

**Recommendation:**

**CMS should retain the paragraph about noncoverage of the professional services of a respiratory therapist.**

Although CMS acknowledges clinical services are not part of the DME benefit, we call your attention to the section on Respiratory Equipment, Supplies and Services as part of the DME Quality Standards. Suppliers are required to offer respiratory services 24 hours a day, 7 days a week as needed by the patient and caregivers. Further, as part of the delivery and set-up requirements, suppliers are to comply with the current version of the AARC’s Respiratory Care Clinical Practice Guidelines which include “Oxygen Therapy in the Home or Alternative Site Health Care Facility.” Further, several states mandate that direct patient care during the setup must be provided by a respiratory therapist and cannot be provided by non-licensed personnel.

The services of a respiratory therapist are the standard of care when it comes to clinical assessment, education, treatment, and care of individuals who require supplemental oxygen and who need other respiratory equipment and services. While we recognize that CMS has always maintained coverage of durable medical equipment is only about payment for the equipment itself, it is difficult to ignore the fact that respiratory therapists are an essential part of the services that go hand and hand in providing the equipment. For these reasons we believe it is important to keep the reference as a way of recognizing their role while at the same time acknowledging their services are not part of the DME benefit.

Thank you for considering this request.

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