

October 31, 2012

The Honorable Tom Price, MD
403 Cannon House Office Building
House of Representatives
Washington, DC 20515

Dear Congressman Price:

We, the undersigned organizations of consumer and disability advocacy groups, would like to thank you for introducing bipartisan legislation, HR 6490, the Medicare DMEPOS Market Pricing Program Act of 2012. This legislation establishes an independent auction program, known as the Market Pricing Program (MPP), which will result in accountability, transparency, and market-based pricing. It will ensure that Medicare beneficiaries, including individuals with disabilities, continue to have access to high quality, medically required durable medical equipment (DME) and services that will give our community the ability to live active, productive independent lives with improved health outcomes.

The MPP includes the same products that are included in the current poorly designed bidding program. The difference with MPP is that two product categories would be bid through a market auction system per geographic area and the eight additional product categories included in the current system for that same area (product categories would vary depending on the area) would have prices set by auctions conducted in comparable geographic areas. Compared to the large competitive bidding areas used in the current system, the bid areas in HR 6490 will be smaller and more homogeneous, reflecting real markets. This is an improved program for the consumers who rely on durable medical equipment and services and for the providers who will be able to continue to provide durable medical equipment and services to their customers.

The current bidding program restricts access to, and choice of, DME items and services by forcing consumers to use certain durable medical equipment providers whether they furnish the products and services that provide the most benefit to consumers or not. With fewer providers allowed to provide products and services, normal expedient deliveries of items and services are being eliminated and therefore Medicare costs are increasing because patients are being hospitalized for longer periods and may require more frequent physician visits.

Unfortunately, consumers are already experiencing access problems in nine Round One areas. Since the January 1, 2011 implementation of this program, hundreds of consumers, patients and providers have reported problems and complaints about having access to medically required durable medical equipment and services. We expect these complaints to increase dramatically if

the program expands to an additional 91 areas across the nation. The program impacts individuals with significant disabilities, the chronically ill and frail elderly who require wheelchairs, walkers, oxygen therapy, enteral nutrients (tube feeding), continuous positive air pressure (CPAP) and respiratory assistive devices, hospital beds and support surfaces, as well as mail-order diabetic supplies. Complex rehab wheelchairs are exempt under MPP, as they are with the current bidding program.

Consumers, physicians and clinicians all agree that the current bidding program is disrupting the continuum of care by restricting consumers from going to their providers of choice in order to receive the appropriate items and services that they need. Enacting a market-based auction program will ensure that beneficiaries receive high-quality service and equipment that they have become accustomed to receiving and will lower health care costs by enabling beneficiaries to stay in their homes with the products and services on which they depend.

Coverage for these needed products and services would give our community the right to fully participate in society and live active, productive independent lives with access to employment, educational and social opportunities. Without the right DME products and services, our ability to access the community is significantly limited and restricts our going to work, school or places of worship, physician visits and other medical services as well as taking care of grocery shopping or other activities associated with independent self-care or care of dependents such as young children or aging parents.

Thank you again for introducing HR 6490. We look forward to working with you and your staff on the passage of this important legislation. Should you have any questions, please contact our Vice President of Government Relations, Alexandra Bennewith, at 202-556-2076, ext. 7102 or at abennewith@unitedspinal.org.

Sincerely,



Paul J. Tobin
President and CEO
United Spinal Association

SUPPORTING ORGANIZATIONS

1. AAPD (American Association of People with Disabilities)
2. ADAPT, Montana
3. Ability Center of Greater Toledo
4. American Sleep Apnea Association
5. Association of Assistive Technology Act Programs
6. Association of Programs for Rural Independent Living
7. Association of University Centers on Disabilities
8. Brain Injury Association of America

9. Christopher and Dana Reeve Foundation
10. Disability Policy Institute
11. Disability Rights Center
12. Disability Rights Education and Defense Fund
13. Friends of Disabled Adults and Children
14. Georgia Independent Living Council
15. International Ventilator Users Network
16. National Emphysema/COPD Association
17. National Family Caregivers Association
18. National Council on Independent Living
19. National Disability Rights Network
20. National Organization of Nurses with Disabilities (NOND)
21. Pennsylvania Statewide Council on Independent Living (PA SILC)
22. Post-Polio Health International
23. Shepherd Center
24. Spina Bifida Association of America
25. Summit Independent Living Center, Inc.
26. Three Rivers Council on Independent Living (TRCIL)
27. Touch the Future
28. UCP/CLASS, Pittsburgh
29. United Cerebral Palsy
30. United Spinal Association
31. Wisconsin Council on Physical Disabilities