

Welcome to the fifth edition of **Marra's Homecare** Newsletter

Spring it's finally here it's been a long cold winter in Northern N.Y.



Even if the grass

is still under snow

NEWS FOR SENIORS

STATE INVESTS \$10 MILLION IN "ACCESS TO HOME" GRANTS

In December 2005, Governor George E. Pataki announced state grants worth \$10.2 million to help New York senior citizens and those with disabilities remain in the homes and out of nursing homes. The "Access to Home" program was created by the Governor and funded in his budget recommendation last January.

The awards will provide the funds to not-for-profit organizations to administer local programs to make the home and apartments of low and moderate income New Yorkers more accessible and allow for safe habitation of their homes and avoidance of institutional care.

Homeowners and renters may qualify for "Access to Home" assistance provided they meet the following criteria:

The applicant is physically disabled or has substantial difficulty with an activity of daily living because of aging, the dwelling unit is a permanent residence, or will be a permanent residence after modifications are completed; and the applicant's total household income does not exceed 80 percent of area median income.

Access to Home grant by county

Clinton	\$200, 000	Onondaga	\$200, 000
Essex	\$200, 000	Oswego	\$200, 000
Jefferson	\$200, 000	St. Lawrence	\$200, 000
Lewis	\$200, 000	Warren	\$200, 000
Oneida	\$400, 000		

EFFICTIVE JANUARY 1 2006
NEW MEDICARE LAW AFFECTS OXYGEN PATIENTS

**CMS FACT SHEET ON THE DEFICIT REDUCTION ACT
PROVISION ON OXYGEN**

Section 5101(b) of the Deficit Reduction Act (DRA) modifies Medicare payment for oxygen equipment. Concerns have been raised about this provision. The facts are:

- The DRA provision would cap the time period that Medicare will make monthly rental payments for oxygen equipment at 36 months. After 36 months, the beneficiary will own the oxygen equipment, and neither Medicare nor the beneficiary will have to make any more rental payments.
- After the beneficiary owns the equipment, the DRA provision requires Medicare to pay for reasonable and necessary service and maintenance that is not covered by a manufacturer's warranty. Except as specifically provided by the Medicare statute, Medicare only pays for items and services that are reasonable and necessary. The language does not give the Secretary discretion to deny payment for reasonable and necessary service and maintenance.
- The DRA also requires Medicare to continue to pay for gas and liquid oxygen contents for beneficiaries using stationary or portable oxygen tanks and cylinders after the beneficiary using that equipment owns it.
- The DRA provides for a new 36 month rental cap period beginning January 1, 2006 for all beneficiaries using oxygen equipment. Thus, a new 36 month rental cap period would apply both to beneficiaries starting to use the equipment as well as for beneficiaries who have been using it for several years.

Patient-Safety and FDA Issues Arising from Oxygen Proposal

The controversial budget reconciliation bill, known as S. 1932 is opposed by the homecare industry and medical equipment providers along with numerous professional clinical and patient advocacy organizations because it is bad for patient care. An alarming provision in the bill is a new rent-to-purchase payment policy for home oxygen equipment after 36 months. Based on language in the bill, after a maximum 36 month rental period, all home oxygen stationary and portable technologies will be considered "purchased" and the title of the equipment and responsibilities for the maintenance, service, and repair of the devices transferred to the Medicare beneficiary. This is a drastic, unprecedented and inappropriate shift.

Oxygen cylinders and liquid vessels are the drug's container/closure under 21 CFR parts 210 and 211. Oxygen concentrators and oxygen concentrators with add-on compressor units are legend devices that, when properly serviced and maintained, are used for the safe administration of medical oxygen. The list below identifies some of the key FDA regulatory, patient, and public-safety issues that would result from the forced conversion of medical oxygen administration devices to private ownership.

MEDICAL OXYGEN IS A PRESCRIPTION DRUG AND CAN BE DANGEROUS IF NOT PROPERLY ADMINISTERED

Currently, medical oxygen can only be prescribed by a physician specifically for individual patient use because it is a drug. While oxygen has many therapeutic benefits, it can be dangerous if not properly administered or used.

- With the transfer of ownership of the medical device to the patient, the control over the dosage levels becomes the patient's responsibility and the opportunity of self medication to their own detriment is increased significantly.
- Today many of the home oxygen patients are prescribed liquid and/or high pressure oxygen to assist and enhance their rehabilitation and mobility. Under the proposed legislation, the use of liquid oxygen and high pressure cylinder oxygen may be greatly diminished as viable modalities, and patients could be forced to accept stationary systems as their only source.
- There is a potential for patients who may, based on cost and/or ease of procurement, shift to industrial oxygen to meet their needs.

MANY SAFETY ISSUES ARISE FROM PROPOSED POLICY CHANGE

- Ongoing patient education and monitoring regarding oxygen usage and safety will no longer be performed, creating the potential for unsafe use of oxygen (e.g., smoking while using oxygen).
- The use of life enhancing medical oxygen equipment is imperative to the overall well being of patients on oxygen therapy. Homecare companies currently provide 24-hour on-call service to assist patients with trouble shooting equipment malfunctions or improper use. Lack of 24-hour on-call support will undoubtedly increase patient visits to emergency rooms and the need for readmissions to hospitals.
- Homecare companies would no longer perform routine maintenance on concentrators and liquid oxygen systems after 36 months with potential detrimental effects to the patients (e.g. equipment malfunction, low O₂ percentage delivery, etc.). In addition, once ownership of medical oxygen equipment is transferred to the patient, homecare companies will no longer be able to assist the equipment manufacturer with potential recalls.
- Once ownership has converted to the patient and the patient expires, relatives may decide to dispose of cylinders containing hazardous oxidizing material into the trash leading to potentially unsafe conditions for the general public. These cylinders may also be used by inexperienced, untrained, and unqualified individuals in ways that are inappropriate and dangerous.
- Discarded medical equipment may find its way back into service.
- Typical cylinder filling is currently performed using a multi-cylinder manifold following cGMPs. Filling only one or a few cylinders based on an individual patient request is not practical. When patients take ownership of high pressure cylinders, the potential exists for them to attempt to fill their own cylinders using one-to-one cylinder filling. The supply cylinder may be industrial product. In addition, the potential exists for non-compliant companies to arrive at a patient's doorstep and offer to fill his or her cylinder curbside without following cGMPs (e.g., proper pre-fill inspections, evacuation, testing, labeling, etc.).

Additional concerns include hydrostatic testing, product traceability, drug product labeling with the potential for misbranding, chain of custody and control issues, and other hazardous material concerns.

EMPLOYEE HIGH-LIGHTS:

The following is from our local Watertown Daily Times Newspaper

MARRA'S HOMECARE

John and Nancy Marra realized their dream when Marra's Homecare Equipment & Supplies, Inc. opened for business in June, 1987. John and Nancy founded their business on a simple premise – to provide quality products and quality service to those with need.

Marra's Homecare began with three employee's (John and Nancy included) in a small office located in Empsall's Plaza. At first, Marra's Homecare primarily specialized in Ostomy and Surgical supplies. Shortly after opening Marra's introduced Respiratory Care products for home use. Respiratory Care is now Marra's Homecare's largest division.

In 1992, Marra's introduced its Rehab Division specializing in custom manual and power wheelchairs and seating systems. In 1993, Marra's Homecare opened a second location in Plattsburgh, NY with two (2) new employees providing Respiratory and Rehab services.

In 1996, Marra's Homecare received national accreditation from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), which establishes national standards for homecare providers. Accreditation has been successfully renewed upon each JCAHO inspection, the most recent in September 2005.

After multiple expansions of the original location in Empsall's Plaza, Marra's Homecare moved to its new location on Outer Coffeen St. in Watertown in December of 2003. The new location offers over 11,000 sq. ft. of space and the largest showroom of medical supplies in Northern New York.



Since its inception, Marra's Homecare has experienced continued growth and excellence. Marra's Homecare now employs over thirty-five (35) people. The majority of Marra's Homecare's employees offer over ten (10) years experience each in the homecare industry. Along with these knowledgeable people, Marra's Homecare's staff include ATS Certified Rehab professionals, Certified Mastectomy Fitters and NYS Licensed Respiratory Therapists.

BIT'N PIECES:



Some idiot poured fabric softener in the birdbath.

The patient awakened after the operation to find herself in a room with all the blinds drawn. "Why are all the blinds closed?" she asked her doctor. "Well," the surgeon responded, "They're fighting a huge fire across the street, and we didn't want you to wake up think the operation had failed."

"Doctors at a hospital in Brooklyn, New York have gone on strike. Hospital officials say they will find out what the Doctor's demands are as soon as they can get a pharmacist over there to read the picket signs."