

It's Fall in Northern N.Y.



The scenery

is beautiful

To bad it means winter is coming

ACTION ALERT

The following provided by Med Group AAFH

Support legislation to fix Medicare's

"In The Home"

Restriction on Mobility Devices

ITEM Coalition Lauds Introduction of Legislation to

Fix Medicare's "In the Home" Restriction on Mobility Devices

The Independence Through Enhancement of Medicare and Medicaid (ITEM) Coalition commends Senators Bingaman (D-NM) and Santorum (R-PA) for introducing important legislation to modify Medicare's antiquated "in the home" restriction on mobility devices.

The "Medicare Independent Living Act of 2006" (S. 3677) would significantly increase community access for Medicare beneficiaries with mobility impairments by providing them with mobility devices appropriate not only for daily activities inside their homes, but outside of their homes as well.

"The introduction of this legislation represents a tremendous step toward bringing an outdated Medicare benefit in line with the true abilities and goals of people with mobility impairments," stated Lee Page of the Paralyzed Veterans of America and ITEM Coalition Steering Committee.

The statutory "in the home" language, (originally meant to define durable medical equipment (DME) as devices that were provided outside of a hospital or skilled nursing facility and, therefore, warranted separate reimbursement under Medicare Part B), is currently interpreted by CMS to restrict coverage to only those mobility devices that are reasonable and necessary in the patient's home. However, many individuals are able to function without a mobility device inside their homes but need a device for community activities such as attending work, school, religious services, physician appointments and grocery shopping.

“The ‘in the home’ restriction has long acted as an artificial barrier to appropriate wheelchair access by narrowly confining Medicare coverage criteria to in-home activities,” stated Elaine Perry of the United Spinal Association and ITEM Coalition Steering Committee. “But the sponsors of this legislation recognize that a person’s need for mobility does not end at the front door.”

Senators Bingaman and Santorum are clearly committed to this issue. In July, 2005, the Senators spearheaded a bipartisan Congressional sign-on letter to the Secretary of Health and Human Services (HHS) asking that the Department modify the “in the home” restriction to improve community access for people with disabilities. Despite the signatures of 34 Senators on the letter, as well as 70 signatures from House Members on a similar letter sponsored by Congressman Bass (R-NH) and Langevin (D-RI), the HHS Secretary responded by stating that the agency is confined by statutory language. As a result, the Senators are now moving forward with a legislative fix.

“The efforts of Senators Bingaman and Santorum on this issue have been extraordinary,” stated Peter Thomas, an ITEM Coalition Steering Committee Member. “With over 6 million Medicare beneficiaries under the age of 65, many of whom have mobility impairments, this legislation will provide access to some of the basic tools required for independent, community living,” Thomas continued. “We look forward to working with the bill’s sponsors to ensure its passage.”

The ITEM Coalition was formed in 2003, and its 74 member organizations include a diverse set of disability groups, aging organizations, consumer groups, labor organizations, voluntary health associations, and non-profit provider associations. The ITEM Coalition’s purpose is to raise awareness and build support for policies that improve coverage of assistive devices, technologies and related services for people with disabilities of all ages. For more information on the ITEM Coalition, please visit www.itemcoalition.org.

Preserve the Patient-Provider Relationship for Medical Oxygen Therapy and Equipment

Issue

Section 5101 of the Deficit Reduction Omnibus Reconciliation Act of 2005 (DRA) includes a provision that will have dramatic negative effects on beneficiaries who are long term users of supplemental oxygen therapy. After a 36-month rental period, all home stationary and portable oxygen technologies will be considered “purchased” and the title of the equipment, along with responsibilities for the maintenance, service, and repair, will be transferred to the Medicare beneficiary. This provision virtually eliminates the home oxygen benefit after a 36-month period, even when the patient’s medical need continues.

Position

Congress should repeal the DRA provision that requires beneficiaries who depend on home oxygen therapy to own the equipment after a 36-month rental period. This change would be budget neutral. Congress should oppose the proposal to reduce the rental period to 13 months as proposed in the President’s 2007 budget. That change would severely exacerbate the problem.

Negative Effect of Requiring Frail Seniors to Own Complex Oxygen Equipment and Oversee Service

- Elderly and medically fragile patients will become wholly responsible for the management of their oxygen equipment and therapy. This is a drastic, unprecedented, and inappropriate shift of oxygen to a rent-to-own payment model that places an unrealistic burden on the patient.
- Oxygen is a Federal legend drug and the devices are dispensed by prescription only. The oxygen technologies used to produce and/or deliver the drug are only technical components associated with the overall provision home oxygen therapy. Transferring the burden of maintenance and repair of sophisticated oxygen technologies to the patient and therefore the total management of their home oxygen therapy regimen presents a serious risk to patient safety and care. This will clearly produce the undesired effect of unmonitored and unregulated dispensing and distribution of a prescription drug.

Ongoing and Necessary Services Provided to Oxygen Patients

Routine services are currently provided by the home oxygen providers as part of the monthly rental fee, which will cease upon purchase and transfer of title. It is entirely unclear how beneficiaries will access these necessary services once equipment ownership transfers to the beneficiary. These services include but are not limited to the following:

1. Ensuring that patients can adequately manage their oxygen in the event of natural or man-made emergencies that effect power or damage their homes. This includes but is not limited to 24-hour, seven-day per week on-call and emergency support of all home oxygen patients.
2. Verifying the purity of the oxygen delivered to the patient. This procedure is performed regularly by a respiratory therapist or specially trained technician using calibrated oxygen analyzing technologies. Without this verification, a patient could be unknowingly receiving sub-therapeutic levels of oxygen. Such an incident may adversely and severely affect the patient's medical condition, requiring emergency care and/or hospitalization.
3. The oxygen flow is the "dose" of the drug prescribed. Utilizing a flow verification device, a respiratory therapist or specially trained technician regularly verifies the actual prescription being delivered to the patient. Oxygen is a federal legend drug and just as with many other medications, too little is ineffective and too much can be potentially fatal for some patients.
4. Verification of alarm system functions assures the patient and/or caregivers will be awakened to place the patient on a back-up oxygen system should the home lose electricity or the oxygen concentrator fail to operate properly.
5. Internal and external filter systems must be regularly checked and replaced. A respiratory therapist or specially trained technician normally cleans and replaces the filters in accordance with the manufacturer's specifications, often a requirement to retain the manufacturer's warranty.
6. Disposable oxygen accessories, such as humidifiers, supply tubing, filters, nasal cannulas, trach masks, corrugated tubing, in-line adaptors, and other miscellaneous devices are needed to deliver the prescribed oxygen to the patient. These disposable components require frequent replacement and are included in the current monthly rental fee paid by Medicare.
7. Free home delivery, set up, patient/caregiver instructions of safety and use, pick-up and replacement of malfunctioning equipment, depleted tanks, and reserve systems.
8. The loss of title to the oxygen equipment will serve as a disincentive for providers to invest in advancing

technology. As a result manufacturers will shift R&D efforts away from the development of smaller, lighter, longer-lasting portable systems and robust low-maintenance technology, instead focusing on the development of cheaper, less-expensive devices. This will lead to a higher probability of equipment malfunction, unacceptable levels of oxygen and increased maintenance and repair costs during the later “useful life” of the equipment.

Talking Points:

Patient-Safety Concerns about Change in Medicare Oxygen Policy Enacted in Deficit Reduction Act and Proposed in 2007 Budget

Oxygen is a Prescription Drug: Unregulated Use Poses Dangers and Burdens for Seniors

- Medical oxygen can only be prescribed by a physician specifically for individual patient use. Oxygen is a drug and can be dangerous if not administered or used properly.

- Use of medical oxygen equipment is imperative to the overall well-being of patients on oxygen therapy. Homecare companies currently provide 24-hour, emergency on-call service to assist patients with troubleshooting equipment problems, improper use, or equipment failures.

- The new rent-to-purchase payment policy for home oxygen equipment enacted in the Deficit Reduction Act (DRA) requires that after a 36-month rental period, title and responsibility for maintenance and service for all home oxygen stationary and portable technologies would be transferred to the Medicare beneficiary. The President’s proposed 2007 budget would worsen the policy by forcing transfer of ownership and responsibility after 13 months.

- With the transfer of ownership of the medical device to the patient, the control over the dosage levels shifts to the patient increasing the risk of self-medication to the patient’s own detriment. This is an unreasonable burden and worry for seniors, especially on top of navigating Part D drug benefits.

Costs Related to Home Oxygen Therapy

- Like many other medical therapies performed in conjunction with medical devices, the equipment cost is only a small fraction of the overall cost associated with the provision of home oxygen therapy.

- While there is broad language in DRA regarding “payments for oxygen” (the oxygen itself) and “maintenance and service” after the title transfer of the equipment, there are no specifics or assurances regarding availability of 24-hour emergency service and other services, supplies, and emergency back up required by home oxygen patients suffering from respiratory diseases such as COPD.

- In the Medicare system today there are no codes or policies governing the maintenance and services for oxygen technologies. The DRA provides no guidance for the myriad service components currently required and incorporated into the Medicare oxygen rules and payment, including all patient training, deliveries, disposable accessories, billing, clinical professional support, 24-hour emergency service and equipment replacement.

Nearly One Million Medicare Beneficiaries Receive Oxygen Therapy

- Oxygen equipment is critical to approximately one million Medicare beneficiaries who suffer from respiratory illnesses such chronic obstructive pulmonary disease (COPD) and who require oxygen therapy for their long-term survival. Approximately 15 million Americans have been diagnosed with COPD. An estimated 15 million more have undiagnosed COPD.

Home Oxygen Therapy Is Both Clinically Effective and Cost-Effective

- Oxygen is the only current treatment or drug scientifically proven to extend the life of patients with chronic lung disease.

- In 2002, there were 673,000 hospitalizations for COPD. Their average length of stay was 5.2 days. The average

Medicare cost for one day in the hospital is \$3,606, and the average admission for COPD therefore costs more than \$18,000.

- In contrast, the current average annual cost for home oxygen therapy is \$2,784, less than the average cost for one day in the hospital. Home oxygen therapy is the most cost-effective and clinically effective treatment for those with COPD and low blood oxygen.

Members of Congress Did Not Have Time to Review the Oxygen Policy Changes

- Some of the provisions, such as the rental cap on home oxygen equipment, were added by conferees just hours before the final vote with no opportunity for Members of Congress to review the language or consider the consequences to the beneficiaries who would be affected.

Bill Eliminates Beneficiaries' Option to Continue to Use Rented Home Medical Equipment

- The DRA eliminates Medicare beneficiaries' option to continue to use rented durable medical equipment, including equipment used for oxygen therapy. Medicare beneficiaries can and do regularly purchase many home medical devices for personal use, including oxygen technologies. However, more often, beneficiaries choose to rent home medical equipment because renting allows for a continuing patient-provider relationship and professional maintenance of complex equipment.

Changes are Clinically and Fiscally Unwise

- Homecare is preferred by seniors, and homecare is by far the most cost-effective setting for healthcare in America, as recognized by U.S. Health and Human Services Secretary Mike Leavitt. The changes to homecare policy in the DRA and proposed in the President's budget are clinically and fiscally unwise given the value of homecare for patients, families, and taxpayers.

Policy Changes Weaken the Nation's Homecare Infrastructure and Safety Net

- The American Association for Homecare (AAHomecare) and its members oppose the provisions in DRA and the President's proposed 2007 budget that could endanger homecare patients and further weaken the nation's homecare infrastructure and safety net, which provide cost-effective care.

Please contact your appropriate representative and make your voice heard

Thank you for your help

Marra's Homecare

President & Congress

President

- [George Bush](#) (R)

Senators

- [Charles Schumer](#) (D)
- [Hillary Clinton](#) (D)

Representatives

- [John McHugh](#) (R-23)

Governor & State Legislators

Governor

- [George Pataki](#) (R)

Senate*

- [Raymond Meier](#) (R-47)
- [James Wright](#) (R-48)

Assembly*

- [Darrel Aubertine](#) (D-118)
- [Dierdre Scozzafava](#) (R-122)

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MEMORABLE QUOTES:

Larry's barn burned down and, Susan, his wife, called the insurance company ...

Susan: We had that barn insured for fifty thousand and I want my money.

Agent: Who there just a minute, Susan; it doesn't work quite like that. We will ascertain the value of the old barn and provide you with a new one of comparable worth.

Susan, after a pause: I'd like to cancel the policy on my husband.

Patient to eye doctor:

"I'm very worried about the outcome of this operation, doctor. What are the chances?"

Eye doctor to patient: "Don't worry you won't be able to see the difference."