

American Association for Respiratory Care (AARC)

Other Issues Important to AARC



AARC Strongly Opposes Inclusion of Ventilators under the Competitive Bidding Program

CMS has announced the inclusion of noninvasive ventilators as a product category in the 2021 Round of Competitive Bidding. For beneficiaries with neuromuscular disease, mechanical ventilators are genuinely life-support devices and are designed to replace or support normal ventilatory lung function. Fragile patients who need appropriate care should not be placed at the mercy of the lowest bidders.

To include ventilators in any form under competitive bidding is not only illogical, it is dangerous. Furthermore, ventilators are paid under Medicare’s “frequent and substantial servicing” category which recognizes items that need intensive and continual service to ensure patient safety. No other item in this payment category has been included in competitive bidding and to add it now would not only be inconsistent with past policy, it would set a dangerous precedent that will place ventilator-dependent patients at risk.

The impact of competitive bidding has already seen reduced services by respiratory therapists in the home setting. If reimbursement for home ventilators is cut further because of competitive bidding, suppliers will be forced to reduce or even eliminate the respiratory therapist. Because of their pulmonary skill set, respiratory therapists who treat home ventilator patients can keep them out of the hospital, out of nursing homes, and shift the bulk of the caregiving burden to families, thus saving the Medicare program money. Reducing reimbursement by sending home vent patients to the lowest bidder will ultimately result in patient deaths and increased hospital and nursing home costs.

AARC will be working with physician and patient groups to take action to prohibit all ventilators from inclusion in competitive bidding.

AARC Supports Legislation to Improve Access to Pulmonary and Cardiac Rehabilitation

Section 603 of the 2015 Budget Act mandated that hospitals would no longer be able to bill under the hospital outpatient methodology, i.e., higher reimbursement rate, under certain conditions. Implementation of this provision has created a very strong disincentive for hospitals to improve access to pulmonary and cardiac rehabilitation programs and resulted in “unintended consequences” not foreseen by CMS.

AARC supports the legislative priority of the American Association for Cardiovascular and Pulmonary Rehabilitation (AACVPR) that would exempt certain hospital outpatient services from Section 603 by



implementing regulations that create specific financial thresholds; that is, as long as no physician specialty, nationwide, bills for any CPT or HCPCS code under the Medicare Physician Fee Schedule in an aggregate amount greater than \$2 million in the previous year for which data are available, that code (or codes) would be exempt from Section 603 requirements.

AARC Supports Funding to Implement the COPD National Action Plan

AARC joins with other patient and provider organizations in requesting \$25 million in new funding for the National Heart Lung and Blood Institute (NHLBI) to begin implementation of the COPD National Action Plan in fiscal year 2020. The NHLBI would utilize this funding to coordinate the activities of federal agencies to implement the action plan and expand researcher investments to prevent, detect, manage and cure COPD. Additionally, AARC supports \$3 million in new funding at the Centers for Disease Control and Prevention in fiscal year 2020. COPD funding at CDC is needed to initiate and expand COPD surveillance, analysis and prevention services. Finalized in 2017, the COPD National Action Plan established 5 goals to address COPD in the U.S. The goals are to:

1. Empower people with COPD, their families, and caregivers to recognize and reduce the burden of COPD.
2. Improve the prevention, diagnosis, treatment, and management of COPD by improving the quality of care delivered across the health care continuum.
3. Collect, analyze, report, and disseminate COPD-related public health data that drive change and track progress.
4. Increase and sustain research to better understand the prevention, pathogenesis, diagnosis, treatment, and management of COPD.
5. Translate national policy, educational, and program recommendations into research and public health care actions.

AARC Supports Allergy and Asthma Program Funding

The AARC supports continued funding for Fiscal Year 2020 for asthma and allergy research, education and outreach initiatives at:

- U.S. Centers for Disease Control and Prevention (CDC)
 - National Asthma Control Program
- HHS National Institutes of Health (NIH)
 - National Heart, Lung, and Blood Institute's (NHLBI)
 - National Asthma Education and Prevention Program
 - National Institute of Allergy and Infectious Diseases (NIAID)
- HUD Health Homes Program
- EPA asthma research, education and outreach initiatives

