



January 7, 2026

U.S. House of Representatives
 Energy and Commerce Subcommittee on Health
 2125 Rayburn HOB
 Washington, D.C. 20515

RE: January 8, 2026 Hearing on “Legislative Proposals to Support Patient Access to Medicare Services”

Dear Chairman Griffith, Ranking Member DeGette, and Members of the Committee:

On behalf of the undersigned patient, healthcare professional, and industry organizations, we appreciate the opportunity to express our strong support for the Supplemental Oxygen Access Reform (SOAR) Act (H.R. 2902). This bipartisan, patient-centered legislation - introduced by Representatives David Valadao (R-CA), Gabe Evans (R-CO), Adrian Smith (R-NE) and Julia Brownley (D-CA) – is critical to improve access to supplemental oxygen for more than 1.5 million people living with chronic lung and heart conditions.

Supplemental oxygen is a crucial lifeline for many people living with COPD, heart disease, pulmonary hypertension, pulmonary fibrosis and other advanced chronic respiratory diseases and for people awaiting lung transplants. When patients have access to the correct form of supplemental oxygen, it enables them to manage their chronic conditions more effectively and maintain healthy, independent and full lives.

However, since 2011, supplemental oxygen has been part of Medicare’s DMEPOS Competitive Bidding Program (CBP), which has resulted in significant decreases in payments for oxygen equipment and supplies. Unfortunately, this has created significant barriers for Medicare patients in accessing the correct type and amount of supplemental oxygen they need, as prescribed by their physician, in addition to essential support services like respiratory therapy.

Supplemental oxygen can be delivered in several forms. Portable oxygen concentrators (POCs), which do not provide high flow rates, are inadequate for people with the most significant oxygen needs. Instead, these people must rely on large, heavy tanks of compressed, gaseous oxygen that may provide only a couple of hours of oxygen at a time.

Liquid oxygen, which offers a continuous, high-liter flow of oxygen, is a portable, viable alternative. However, due to the inadequate reimbursement rates, suppliers have been unable to continue providing liquid oxygen widely. Without access to appropriate supplemental oxygen, patients face worsening symptoms and declining health and can become homebound which results in missing family events, struggling to attend medical appointments or being unable to engage in provider-recommended physical activity. This often leads to avoidable emergency room visits, hospitalizations and a loss of independence.

While the Centers for Medicare and Medicaid Services (CMS) has engaged in rulemaking for the CBP, the final rule does not address any of the issues the SOAR Act seeks to resolve. Congressional action remains the most prudent path to restoring reliable access to liquid oxygen and ensuring patients receive the appropriate modality of supplemental oxygen they need to breathe and live independent and full lives.

The SOAR Act would address barriers patients face in three key ways:

1. **Permanently remove supplemental oxygen from Medicare's competitive bidding process** and establish a separate payment pathway for liquid oxygen and other oxygen therapies. This would ensure that all patients prescribed supplemental oxygen can safely manage their chronic disease and maintain independence.
2. **Strengthen patient protections** by ensuring that people who need respiratory therapy services can access them, establishing an oxygen user's bill of rights, and establishing streamlined national standardized documentation requirements that better combat fraud and abuse and ensure timely patient care.
3. **Improve patient outcomes and stabilize the Medicare market.** The SOAR Act would deliver major health and quality-of-life improvements for people who rely on supplemental oxygen, including decreased mortality, reduced shortness of breath and increased exercise capacity. It would also enable individuals to receive treatment in the home and avoid facility-based care.

No one should struggle to access the oxygen modality that works best for their medical needs and lifestyle, and no one should suffer the pain and fear of struggling to breathe. The SOAR Act prioritizes patient safety and protects the system from fraud, waste and abuse. We urge the Committee to advance the SOAR Act to ensure patients with chronic conditions can access the care they need.

Thank you for your consideration,

Academy of Cardiovascular & Pulmonary Physical Therapy
Alpha-1 Foundation

American Academy of Sleep Medicine (AASM)
American Association for Respiratory Care
American Association of Cardiovascular and Pulmonary Rehabilitation
American College of Chest Physicians
American Lung Association
American Physical Therapy Association
American Thoracic Society
ARDS Alliance, Inc.
Children's Interstitial and Diffuse Lung Disease (chILD) Foundation
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