November 10, 2026

The Honorable John Thune
Majority Leader
U.S. Senate
Washington, DC 20510

The Honorable Chuck Schumer
Minority Leader
U.S. Senate
Washington, DC 20510

The Honorable Mike Johnson
Speaker
U.S. House of Representatives
Washington, DC 20515

The Honorable Hakeem Jeffries
Minority Leader
U.S. House of Representatives
Washington, DC 20515

Dear Majority Leader Thune, Minority Leader Schumer, Speaker Johnson and Minority Leader Jeffries:

On behalf of the undersigned organizations, which represent patient, health care professional and industry organizations, we urge you to include the bipartisan Supplemental Oxygen Access Reform Act (H.R. 2902/S. 1406) in any end-of-year health care legislative package that may be considered. Sponsored by Representatives David Valadao (R-CA), Gabe Evans (R-CO), Adrian Smith (R-NE) and Julia Brownley (D-CA) in the House and by Senators Bill Cassidy (R-LA), Mark Warner (D-VA) and Amy Klobuchar (D-MN) in the Senate, this legislation would ensure that Medicare beneficiaries who require supplemental oxygen have appropriate access to this essential treatment. It would lock in

the savings obtained through the competitive bidding program (CBP), which reduced the cost of supplemental oxygen more than 75 percent, and nearly (if not entirely) eliminate fraud due to insufficient documentation of medical necessity.

The SOAR Act is critical to the lives of the more than 1.5 million Americans who rely on supplemental oxygen to breathe and live their daily lives. Yet far too many are facing serious health risks and reduced quality of life because they do not currently have access to the appropriate supplemental oxygen equipment and services, especially those who require high-flow, liquid oxygen. Further delay will result in more patients losing access to medically necessary oxygen and related services. Patients have already experienced a lack of innovative treatment options, difficulty obtaining repairs because of a shortage of parts, and challenges obtaining new devices as manufacturers stop building new devices.

The SOAR Act would address these well-documented access problems – driven by the deep payment cuts resulting from the CBP – by creating a new reimbursement system with a new capitated payment for liquid oxygen. It would also lock in the savings for the majority of other oxygen modalities by removing them from the CBP, which will help keep beneficiary copayments for these modalities low and affordable. The SOAR Act would protect against fraud and abuse by mandating standardized documentation requirements that rely on an electronic "template," rather than faxes of prescriber medical records, and establishing specific obligations for suppliers to maintain quality oxygen service to beneficiaries. It would recognize the critical medical need for respiratory therapy services by establishing an adjustment when these services are provided to ensure that individuals who use supplemental oxygen have the necessary training on using their oxygen. Finally, it would establish protections for Medicare beneficiaries, including their right to receive clear communication and information from suppliers.

The SOAR Act would bring significant health and well-being benefits to individuals on Medicare awaiting lung transplants or living with pulmonary hypertension, pulmonary fibrosis, COPD, heart disease, and other advanced respiratory diseases who rely on supplemental oxygen. 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. Peer-reviewed studies demonstrate that oxygen therapy can decrease mortality, reduce shortness of breath, and increase exercise capacity.

A year of supplemental oxygen for the average patient also costs substantially less than a single hospital visit. For a single, standard Medicare inpatient admission due to a COPD exacerbation (MS-DRG 191/192), the estimated national average reimbursement in 2026 is approximately $10,600 to $12,100.[1] In 2025, continuous oxygen therapy (with both a

[1] *See. https://payerprice.com/rates/191-MS-DRG-fee-schedule*

concentrator and a portable device) costs approximately $1,790 per patient per year.[2] Given that Medicare pays 80 percent of these costs and patients 20 percent, it is more efficient to protect access to supplemental oxygen than to pay for hospital stays and readmissions.

We urge you to include the SOAR Act in an end-of-year health package, as these patients cannot wait. The time to act is now to restore patient access to liquid oxygen and ensure that all patients receive the supplemental oxygen they need simply to breathe.
Thank you for your attention to this critical issue.

Sincerely,

Alpha-1 Foundation
American Academy of Sleep Medicine (AASM)
American Association for Homecare (AAHomecare)
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
COPD Foundation
Council for Quality Respiratory Care
Cystic Fibrosis Foundation
Cystic Fibrosis Research Institute
Dorney-Koppel Foundation
Foundation for Sarcoidosis Research
NTM Info & Research
Patients Rising
Pulmonary Fibrosis Foundation
Pulmonary Fibrosis Warriors
Pulmonary Hypertension Association
Right2Breathe
Running On Air
Stop Sarcoidosis
The LAM Foundation
The PAP Foundation
TSC Alliance
Vasculitis Foundation
VGM Group, Inc
Wescoe Foundation for Pulmonary Fibrosis

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[2]The average CBA rate for a concentrator is $98.81; the average CBA rate for a portable concentrator is $50.32. Most patients receive both devices for a monthly rate of $149.13. Medicare pays 80 percent of that amount ($119.30); the beneficiary copayment amount is 20 percent $29.83. *See* CMS. "Former CBA Fee Schedule File – APR2026."