

# Protect Access to Home Medical Equipment & Supplies

## Submitting Comments on the Proposed Medicare Competitive Bidding Program

Medicare wants to restart a flawed program called “Competitive Bidding” that sets rates for home medical equipment (HME) & supplies by awarding a few contracts to the HME suppliers who bid the lowest – regardless of the true costs of providing quality care. In the past, this excluded 75% of suppliers from being able to provide care for end users & resulted in 37% HME locations closing across the country, leaving end users with fewer choices, longer wait times, or no access at all. After pausing the program due to problems, Medicare wants to restart it with changes that would make access even worse. Since many Medicaid programs & other insurers follow Medicare’s lead, this could impact everyone who needs home medical equipment nationwide. **If you or a loved one use HME & supplies, submit comments via the QR Code on page 2 to voice concerns on the proposed rule for the new round of the bid program by the 8/29/25 deadline.**

### Prompts for Comments

Medicare officials won’t understand the real-life impact unless they hear from people who live it. They are accepting public comments through 8/29/25. **Share your story & perspective, such as:**

- *What home medical equipment (HME) & supplies do you or a loved one use?*
- *How important is the relationship you have with your trusted HME supplier to receive quality products, support, & expertise? What makes their services important to you?*
- *If you’ve had trouble getting equipment in past rounds of the bid program, what happened?*
- *How would it affect you if you couldn’t use your supplier or had fewer options?*
- *What worries you most about the bid program Medicare proposes?*

### “Asks” to Include:

As you submit comments, you can also share recommendations as Medicare assesses next steps with the proposal. **Consider including the following asks in your own words:**

- Ensure there are enough experienced, reliable suppliers to meet demand. Do not factor speculative companies without product/geographic history in capacity, & increase the minimum number of companies contracted.
- Don’t pay below what contracted companies say they can provide products for, & do not cap prices for bidders artificially as they may not reflect the true costs of providing care.
- Do not expand the products included in the program until the redesigned program has been properly tested to ensure access, quality, & care.
- Increase transparency & opportunity for further stakeholder input & end user impact.

## TALKING POINTS

### Why Product Choice & Support Services Matter

- Not all products are created equal; I need what fits my body, condition, & lifestyle. *Functional fit matters.*
- A program that only contracts with the lowest-bid HME suppliers may not be able to offer the brands & products I rely on. *Product access matters.*
- Using an ill-fitting or low-quality product can cause serious & avoidable complications, ER/doctor visits, & hospital stays. *Health outcomes matter.*
- The new proposal removes previous safeguards meant to protect end user safety & access; it hasn't been tested to ensure this won't negatively affect my care. *Safeguards matter.*
- Access to my products isn't enough – this program contracts with companies without factoring those offering real-time support, education, & services I need. *Support services matter.*

### Why Supplier Choice & Expertise Matter

- My supplier knows my health history, works with my doctor, catches issues early, & is a trusted part of my care team. Losing them puts my health at risk. *Continuity of care matters.*
- Contracts may go to companies who have never served this product category or area, learning on the job with my health on the line. *Experience matters.*
- The program drastically reduces the number of suppliers who can serve us, with as few as 2 contracted companies for my area. If one closes or struggles, we're left with no backup. *Choice matters.*
- Many contracted companies are far away & cannot respond quickly in equipment emergencies or natural disasters. *Local presence matters.*
- 1 in 4 contracted HME companies will be paid below what they bid they could do. That risks less support, slower service/repairs, & reduced quality. Medicare may be saving money, but I'm paying the price. *Sustainable payments matter.*
- Since the program began, 37% of HME supplier locations have closed. More will follow, leaving entire communities without care & driving up hospitalizations & nursing home admissions. *Community access matters.*

## HOW TO SUBMIT COMMENTS - Due 8/29/25

- 1) **Scan the QR Code** to visit the Medicare comment page for the proposed rule “Calendar Year (CY) 2026 Home Health Prospective Payment System (HH PPS) Rate Update Proposed Rule (CMS-1828-P)”
- 2) Click the green box that says **“Submit a Public Comment”**
- 3) **Enter your comment** in the text box – or upload a file in the “+ Add a File” green box. *Do not include personally identifiable information (ex. name or Medicare number).*
- 4) Under “Tell Us About Yourself”, choose either **“An Individual”** or **“Anonymous”**
- 5) **Check the box** that you've read and understand the statement.
- 6) **Click “SUBMIT COMMENT”**. You're done!

**SCAN HERE**

