

Congress of the United States

Washington, DC 20515

[[DATE]]

Dr. Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services
200 Independence Ave, SW
Washington, DC 20201

Dear Administrator Oz,

As Members of Congress committed to advancing President Trump's America First agenda, we write to express serious concern that the Centers for Medicare and Medicaid Services' proposed rule (CMS-1828-P) to expand and redesign the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies Competitive Bidding Program may conflict with the President's directives on deregulation, trade, and domestic industrial strength. We respectfully urge CMS to pause and re-evaluate these provisions to ensure that they fully align with the Administration's goal of rebuilding American manufacturing, protecting Main Street businesses, and fostering innovation.

The President has directed all federal agencies to strengthen American workers and industries and remove unnecessary regulatory burdens that restricts competition. While we share CMS's goal of improving efficiency and protecting taxpayers, the proposed rule—by reviving methodologies deliberately replaced by the first Trump Administration—appears to move in the opposite direction. Pegging reimbursement to the cheapest bids and expanding competitive bidding into highly specialized product categories—including urological, tracheostomy, and ostomy supplies—would give an advantage to cheap foreign-made goods compared to the quality and professional delivery offered by U.S. suppliers and manufacturers in the midst of a manufacturing renaissance. The April 2025 America First Trade Report identifies medical supplies, including DMEPOS, as priority sectors for federal procurement. Weakening these sectors risks undermining the Administration's broader effort to restore industrial strength and supply-chain security.

Past rounds of competitive bidding demonstrated these risks. Previous rounds of competitive bidding led to a forty-nine percent drop in new U.S. market entrants and a ninety percent decline in domestic manufacturer participation. New FDA product submissions fell by a quarter, patent filings by three-quarters, and U.S. research and development investment by more than half, while repair and replacement rates for equipment more than doubled. Extending the program to technologies such as continuous glucose monitors and insulin pumps—fields with only a handful of U.S. manufacturers—would further discourage investment and threaten America's leadership in advanced medical devices. Even strong tariff protections could not offset the disadvantage created by a reimbursement model that rewards the cheapest bid and favors foreign over quality domestic manufacturers.

Small businesses would be particularly harmed as participation consolidates among a few large suppliers, displacing community-based providers that employ local workers and serve seniors and veterans directly. The rule also lacks important small business protections which were included during the first Trump Administration that ensured Main Street would not be harmed in a nationwide bid program. These businesses and skilled workers, once lost, seldom return.

We fully support strong, targeted action to combat fraud, waste, and abuse, but competitive bidding is not a proven anti-fraud tool. CMS can achieve far better results through the use of artificial-intelligence analytics to identify abnormal billing and utilization patterns, expansion of prior authorization for high-risk items, mandatory electronic prescribing, and stricter supplier quality standards. These modern, data-driven measures protect the Medicare program while preserving the healthy competition and local capacity that the President's deregulatory policy is meant to encourage.

For these reasons, we urge CMS to withdraw the proposed expansion and reassess it in light of the President's directives. The guardrails established under the first Trump Administration—including use of the unadjusted 2015 fee schedules as the bid ceiling and payment at the clearing price—helped stabilize the market, maintain supplier viability, and protect

patient access; they should remain in place. CMS should instead consider directing the Center for Medicare and Medicaid Innovation to test an America First demonstration that rewards U.S.-made and allied-sourced products, incorporates modern fraud-prevention technologies, and evaluates outcomes before any nationwide expansion.

We share CMS's commitment to fiscal responsibility and program integrity and would welcome the opportunity to meet with you and discuss reforms that advance Medicare's goals while fully embodying the President's America First, Deregulatory, and Make America Healthy Again principles.

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