December 11, 2025

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

The Honorable Mike Johnson Speaker U.S. House of Representatives Washington, DC 20515 The Honorable Chuck Schumer Minority Leader U.S. Senate Washington, DC 20510

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 patient, healthcare professional and industry organizations, we urge you to include the bipartisan Supplemental Oxygen Access Reform (SOAR) Act (H.R. 2902/S.1406) in an end-of-year legislative package. This legislation, 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, will ensure that Medicare beneficiaries who require supplemental oxygen have appropriate access to this essential treatment. More than 1.5 million Americans face serious health risks because they do not currently have access to the appropriate supplemental oxygen equipment and services. Further delay will result in more patients losing access to medically necessary oxygen and related services.

The SOAR Act addresses long-standing barriers in several critical ways. First, it would lock in the savings for most oxygen modalities by removing them from the competitive bidding reimbursement program (CBP). Second, it would create a new reimbursement system for liquid oxygen given the well-documented access problems individuals prescribed this modality continue to experience because of the deep payment cuts resulting from the CBP. Third, 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 protect against fraud and abuse by mandating standardized documentation requirements that rely on an electronic "template" rather than prescriber medical records and establishing an oxygen users' bill of rights.

While 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 bring significant health and well-being benefits to the 1.5 million individuals in the U.S. living with COPD, heart disease, pulmonary hypertension, pulmonary fibrosis and other advanced respiratory diseases, and people awaiting lung transplants, who rely on supplemental oxygen. Oxygen therapy can decrease mortality, reduce shortness of breath and increase exercise capacity. We urge you to include the SOAR Act in an end-of-year health package, as these patients cannot wait. Thank you for your attention to this critical issue.

## Sincerely,

American Academy of Sleep Medicine (AASM)

American Association of Cardiovascular and Pulmonary Rehabilitation

American Association of Respiratory Care

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** 

**Dorney-Koppel Foundation** 

Foundation for Sarcoidosis Research

Hermansky-Pudlak Syndrome Network

National Scleroderma Foundation

NTM Info & Research, Inc.

**Patients Rising** 

**Pulmonary Fibrosis Foundation** 

**Pulmonary Fibrosis Warriors** 

Pulmonary Hypertension Association

**Pulmonary Wellness Foundation** 

Respiratory Health Association

Running On Air

TSC Alliance

Wescoe Foundation for Pulmonary Fibrosis