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February 10, 2021

The Honorable David Kessler  
Chief Science Officer, COVID-19 Response Team  
White House  
1600 Pennsylvania Avenue NW  
Washington, DC 20500

Mr. Andrew Slavitt  
Senior Advisor, COVID-19 Response Team  
White House  
1600 Pennsylvania Avenue NW  
Washington, DC 20500

Mr. Jeff Zients  
Coordinator, COVID-19 Response Team  
White House  
1600 Pennsylvania Avenue NW  
Washington, DC 20500

Dear Dr. Kessler, Mr. Slavitt and Mr. Zients:

The national organizations listed below write to you to express our grave concern following numerous news reports of shortages of supplemental oxygen as our country continues to grapple with the fallout of a deadly pandemic.<sup>1,2</sup> As you well know, the COVID-19 pandemic has placed a significant burden on our healthcare system, taking us up to and beyond the limits of our resources in intensive care units (ICUs) and elsewhere. We urge you to act quickly to address the needs of the patient community and ensure consistent access to supplemental oxygen.

As has been discovered all too often throughout this pandemic, our nation was not and is not adequately prepared for the toll of a public health emergency on this scale. This lack of preparation obviously harms those impacted by the emergency at hand, but it also harms those who rely on our health system on a consistent basis, many of whom have chronic illness(es).

In the case of this oxygen shortage, it not only threatens the health of those attempting to recover from the vicious virus that is the novel coronavirus, but it also threatens patients who depend on oxygen every day to treat their condition, including those with chronic obstructive pulmonary disease (COPD), pulmonary fibrosis and interstitial lung disease.

The tolls of a pandemic are undoubtedly unique, yet these oxygen shortages are the most recent manifestation of well-identified issues. For years, patients have been subjected to substandard care as a result of the multiple complications plaguing the complex supplemental oxygen marketplace.

While the recent reporting indicates that some of the current shortages are stemming from inadequate piping in older hospitals, incapable of handling the freezing temperatures associated with a surge of liquid oxygen, the larger issue is a complete lack of supply of compressed oxygen tanks and oxygen concentrators. At times, it also appears that patients have been denied oxygen altogether or left waiting in the hospital, in areas experiencing severe strain from COVID-19 outbreaks, for additional supply to arrive and allow them to return home. Unlike with ventilators and high flow nasal cannulation, the Strategic National Stockpile does not and has not specifically stockpiled oxygen, although our organizations are aware a Request for Information was issued recently. We would be glad to engage in discussions of that long-term solution as you deem appropriate.

Upon learning of these oxygen shortages, our organizations launched a brief survey to determine the scope of the problem. This brief survey of pulmonary/critical care divisions directors, respiratory therapists and nurse discharge planners identified spot shortages of supplemental oxygen in several states, including California, Connecticut, Massachusetts, New Jersey, Texas and Utah. Survey responses indicated that both patients recovering from COVID-19 and patients with other health conditions requiring supplemental oxygen were experiencing shortages of oxygen delivery systems, including portable oxygen concentrators, stationary oxygen concentrators, compressed gas cylinders and liquid oxygen. Equally concerning, in areas experiencing oxygen shortages, over half reported that Durable Medical Equipment (DME) companies are unable to accept new supplemental oxygen patients.

As stated previously, the issues that arise during a pandemic are certainly in a category of their own, but, in this case, they are greatly exacerbated by the existence of pervasive problems within the oxygen market. Outside of the current pandemic, patients in this country are facing a consistent shortage of liquid oxygen and are combatting a system that is not designed to enhance patient care or wellbeing. The issues in the oxygen market are the result of the competitive bidding program and an archaic reimbursement system that generates perverse incentives. The competitive bidding program is currently on hold for oxygen, but its implementation in the first half of the last decade grievously limited access to liquid oxygen, a modality of supplemental oxygen that is absolutely essential for patients with severe lung disease who are still able and wanting to leave the home.

Access to liquid oxygen has also been hampered by a reimbursement system that does not recognize its value to a subset of the broader Medicare population that requires continuous and/or high flow supplemental oxygen. The current reimbursement system under the Medicare program fails to account for any of the critical service elements that are often necessary with the provision of the oxygen benefit, including transportation of oxygen tanks or reservoirs, maintenance and patient education. Consequently, and unsurprisingly, these elements are routinely overlooked. Under such a reimbursement scheme, suppliers are disincentivized from providing liquid oxygen, which requires significantly more of these service elements than oxygen concentrators. As a result, over the past 10 years, Medicare has failed to meet the clinical needs of patients who require continuous and/or high flow oxygen, thereby making these beneficiaries completely homebound.

We ask that you take urgent action to address the shortages of supplemental oxygen at hand, and, in doing so, we ask that you also address the foundations of the problem rather than apply a band-aid type approach. Short-term and urgent actions are clearly necessary, yet we also encourage that, for the sake of chronic lung disease patients, including the many recovering from COVID-19, you work with the Centers for Medicare and Medicaid Services (CMS) to enact long-term solutions. These solutions could include carving liquid oxygen out of the competitive bidding program, promulgating quality measures

tied to the provision of the oxygen and reimbursing for the essential service elements that accompany the provision of oxygen.

We thank you for your attention to this crisis. As you consider a path forward, we wish to offer our support and resources. We look forward to the opportunity to work together to ensure patient access to supplemental oxygen in all scenarios. If you have any questions or would like to discuss any of the above, please contact Melanie Buzzelli ([Melanie.Buzzelli@Lung.org/202-715-1865](mailto:Melanie.Buzzelli@Lung.org/202-715-1865)) of the American Lung Association. Thank you for your consideration.

Sincerely,

American Lung Association  
Alpha-1 Foundation  
American Association for Respiratory Care  
American College of Chest Physicians (CHEST)  
American Thoracic Society  
Dorney-Koppel Foundation  
Pulmonary Fibrosis Foundation  
Pulmonary Hypertension Association  
Respiratory Health Association  
U.S. COPD Coalition

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<sup>1</sup> Wan, W., & Nirappil, F. (2021, January 06). Los Angeles is running out of oxygen for patients as covid hospitalizations hit record highs nationwide. Retrieved from

<https://www.washingtonpost.com/health/2021/01/05/covid-hospitalizations-los-angeles-oxygen/>

<sup>2</sup> Bichell, R., & Weber, L. (2021, January 08). In Los Angeles and Beyond, Oxygen Is the Latest Covid Bottleneck. Retrieved from [https://khn.org/news/article/in-los-angeles-and-beyond-oxygen-is-the-latest-covid-bottleneck/?utm\\_campaign=KHN: Daily Health Policy Report&utm\\_medium=email&\\_hsmi=105654989&\\_hsenc=p2ANqtz-](https://khn.org/news/article/in-los-angeles-and-beyond-oxygen-is-the-latest-covid-bottleneck/?utm_campaign=KHN:DailyHealthPolicyReport&utm_medium=email&_hsmi=105654989&_hsenc=p2ANqtz-)

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