Independence Through Enhancement of Medicare and Medicaid COALITION

September 18, 2026

SUBMITTED ELECTRONICALLY

The Honorable Mehmet Oz
Administrator
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

RE: New Survey Data Underscores Serious Threats to Beneficiary Access to Care Under the "Remote Item Delivery" Competitive Bidding Program

Dear Administrator Oz:

On behalf of the undersigned members of the Independence Through Enhancement of Medicare and Medicaid ("ITEM") Coalition, we write to share new data that should prompt the Centers for Medicare and Medicaid Services ("CMS") to reconsider implementation of the Round 2028 Remote Item Delivery ("RID") Competitive Bidding Program ("CBP"). A nationwide survey of DMEPOS suppliers conducted in August 2026 provides compelling real-world evidence that the untested RID system could substantially disrupt the supplier infrastructure on which Medicare beneficiaries depend for timely access to ostomy and urological supplies.

The ITEM Coalition is a national consumer- and clinician-led coalition comprised of 103 national organizations advocating for access to and coverage of assistive devices, technologies, and related services for people with injuries, illnesses, disabilities, and chronic conditions of all ages. Our members represent individuals with a wide range of disabling conditions, as well as the providers who serve them, including multiple sclerosis, spinal cord injury, brain injury, stroke, paralysis, cerebral palsy, spina bifida, limb loss and limb impairment, hearing, speech, and visual impairments, and other life-altering conditions.

The findings from the nationwide survey are particularly significant because they directly challenge CMS's prior assessment that RID would have "no economic impact" on the supplier community. According to the survey conducted by an ITEM Coalition member, the American Association for Homecare ("AAHomecare"), 306 companies representing more than 1,500 locations reported how they anticipate responding if they do not receive a RID contract. The results are striking:

- **Forty-seven percent (47%) of respondents anticipate a significant risk to the viability of their businesses, including closing locations, facing a high risk of going out of business, or closing entirely;**

- **Fifty-three percent (53%) would exit one or more affected product categories;**
- **Forty-five percent (45%) would reduce their operations or service areas, and**
- **Fifty percent (50%) would lay off employees. More than one in three respondents indicated that they would eliminate at least half of their current workforce.**

These are not merely abstract economic consequences. They are indicators of a dangerously shrinking and destabilized supplier network, with direct implications for beneficiary access to care. The survey estimates that, among the 254 companies providing numerical estimates, approximately **3,600 direct positions could be eliminated.** Importantly, more than half of respondents operate from a single location and seventy-seven percent (77%) operate four or fewer locations, underscoring the vulnerability of the community-based supplier infrastructure that currently serves beneficiaries throughout the country.

For individuals who rely on ostomy and urological supplies each and every day, the consequences of this disruption could be profound. These products are not discretionary consumer goods. They are essential medical supplies that must be obtained consistently and without interruption. The survey itself recognizes that a supplier closure, withdrawal from a product category, reduction in service area, or significant workforce reduction can result in fewer supplier choices, longer distances and wait times to obtain products and services, reduced customer support, and greater difficulty obtaining the products necessary to manage an individual's condition safely and effectively.

The survey also demonstrates why CMS should not evaluate the impact of RID simply by asking whether beneficiaries will technically have access to a contracted mail-order supplier. Access to a product is not meaningful if the supplier infrastructure necessary to reliably deliver and resolve problems with that product is weakened or eliminated. The RID model's emphasis on remote delivery ignores the critical role that local and regional DMEPOS suppliers play in maintaining resilient supply chains, responding to beneficiary needs, resolving clinical or access problems, and ensuring continuity of care. If a significant portion of the existing supplier network no longer provides these product categories or reduces their operations, the consequences will be felt regardless of whether CMS can identify a contracted mail order supplier.

Perhaps most concerning, the survey demonstrates that these consequences will not necessarily be confined to Medicare beneficiaries**. Seventy-one percent of respondents reported that losing Medicare as a payer under RID would affect the sustainability of their businesses with other payers.** This finding is particularly important for policymakers because suppliers frequently serve Medicare, Medicaid, commercial insurance, and other beneficiaries through the same infrastructure. The loss of Medicare business therefore can undermine a supplier's ability to continue serving non-Medicare patients.

This finding substantially broadens the potential negative beneficiary impact of RID. A supplier that closes because it can no longer sustain its operations under the RID model does not simply disappear from the Medicare market. It may also cease serving Medicaid beneficiaries, commercially insured individuals, and other patients in the communities in which it operates. Similarly, a supplier that no longer provides ostomy or urological supplies may reduce its capacity to serve patients who depend on other DMEPOS product lines. In other words, the

potential consequences of RID extend well beyond the Medicare Part B claims that CMS designed this new system around when evaluating the program.

The ITEM Coalition has consistently cautioned CMS that competitive bidding for ostomy and urological supplies presents fundamentally different access considerations than competitive bidding for many other DMEPOS products. Beneficiaries who use these supplies frequently have highly individualized clinical needs, require reliable and recurring access to their supplies, and may depend on knowledgeable community-based suppliers for product selection, troubleshooting, education, and continuity of care. A disruption in supply can have immediate and serious consequences. The prospect of widespread supplier contraction therefore warrants careful consideration before CMS proceeds with nationwide implementation of RID.

The new survey data should be viewed as an important validation of the concerns that patient, disability, clinical, and supplier organizations have raised consistently regarding the RID model. Rather than demonstrating that the program will have no meaningful impact on the supplier community, the evidence now available indicates that a substantial portion of the existing supplier network could respond to the program by eliminating jobs, closing locations, exiting affected product categories, reducing service areas, or placing their businesses at significant risk.

CMS should therefore reconsider its conclusion that RID will not have a meaningful negative economic impact on Medicare suppliers and, more importantly, should reevaluate whether the program can be implemented without jeopardizing beneficiary access. The agency should not proceed with a nationwide competitive bidding model when available evidence indicates that the model could materially weaken the very supplier network upon which beneficiaries depend.

The ITEM Coalition respectfully urges CMS to delay implementation of the Round 2028 RID Competitive Bidding Program while the agency conducts a comprehensive assessment of its potential effects on the DMEPOS supplier network and beneficiary access to care. At a minimum, CMS should establish a structured process involving a technical expert panel with representation from beneficiaries, clinicians, suppliers, and other relevant stakeholders to evaluate the program's potential impact on supplier viability, geographic access, continuity of care, product availability, and access for beneficiaries across payer types. **CMS should also consider testing the RID model** through a limited, defined-market demonstration before proceeding with nationwide implementation, so that the agency can evaluate actual, not theoretical, effects on suppliers and beneficiaries and use those findings to inform any future expansion.

The stakes are too high to proceed based on assumptions that are increasingly at odds with the evidence. CMS has an obligation to ensure that Medicare beneficiaries can obtain the supplies they need, and that obligation cannot be satisfied solely on the theoretical availability of a remote delivery option. If RID results in the contraction of the DMEPOS supplier network, beneficiaries will face fewer choices, reduced local support, longer distances to services, and greater risk of interruptions in access. The new survey data provides concrete evidence that these are not hypothetical concerns.

The ITEM Coalition therefore respectfully asks CMS to take this new information seriously and to reassess the RID model before implementation. The survey provides an important warning to

CMS that the consequences of RID could extend far beyond changes in how Medicare supplies are delivered. Without appropriate safeguards, the program risks destabilizing the supplier infrastructure, diminishing access to essential ostomy and urological supplies, and ultimately harming the very Medicare beneficiaries CMS is charged with serving.

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We appreciate your consideration of these important concerns and would welcome the opportunity to discuss the survey findings and their implications for the RID program in greater detail. Should you have any further questions, please contact the ITEM Coalition Co-Coordinators at Peter.Thomas@PowersLaw.com and Michael.Barnett@PowersLaw.com or by calling 202-466-6550.

Sincerely,

The Undersigned Members of the ITEM Coalition

Access Ready, Inc.
All Wheels Up
Alliance of Wound Care Stakeholders
American Association of Homecare
American Association on Health and Disability
American Congress of Rehabilitation Medicine
Amputee Coalition*
Association of Rehabilitation Nurses
Autistic Women & Nonbinary Network
Center on Aging and DIS-Ability Policy
Christopher & Dana Reeve Foundation*
CureLGMD2i Foundation
Institute for Matching Person and Technology
International Registry of Rehabilitation Technology Suppliers (iNRRTS)
Lakeshore Foundation
Long Island Center for Independent Living, Inc.
National Association for the Advancement of Orthotics and Prosthetics
National Clinician Task Force
National Disability Rights Network (NDRN)
NCART
RESNA
Spina Bifida Association*
United Ostomy Associations of America, Inc.
United Spinal Association*

****Member of the ITEM Coalition Steering Committee***

CC:

Kimberly Brandt, CMS Deputy Administrator and Chief Operating Officer