

Submitter : Ms. Barbara J. LeMoine
Organization : American Foundation for the Blind
Category : Individual

Date: 05/03/2006

Issue Areas/Comments

Low Vision Aid Exclusion

Low Vision Aid Exclusion

Testing accessibility for individuals who are blind or have low vision.

CMS-1270-P-1-Attach-1.DOC

Testing accessibility for individuals who are blind or have low vision.

Submitter : Mr. John Clapp
Organization : Miami Lighthouse for the Blind and Visually Impair
Category : Health Care Professional or Association

Date: 05/03/2006

Issue Areas/Comments

Low Vision Aid Exclusion

Low Vision Aid Exclusion

I think Low vision aids should be paid for by medicare because visually impaired persons need to read their mail, books, and newspapers or magazines to stay active and involved in life. Maybe, based on one's income a contribution could be requested. I hope you will reconsider.

Submitter : Mr. Gerald Niedermaier
Organization : Badger Association of the Blind
Category : Individual

Date: 05/03/2006

Issue Areas/Comments

Low Vision Aid Exclusion

Low Vision Aid Exclusion

Sirs/Madams:

I have been a blind rehabilitation professional for almost 30 years. I have have worked diligently in providing training to keep people safe in the streets in in their homes. Distance vision aids, such as monoculars have proven invaluable in assisting my clients to locate bus stop signs from a distance without having to waste time crossing the street and leering these signs from 5 feet away. Monoculars have also assisted them in scanning for traffic which they would not have been able to see without their unaided eye. And, they assist them to see the often hard to read walk/don't walk signs letting them know when it is safe to cross when there is no traffic present to provide those much needed audible clues we teach them to use, also.

Hand held magnifiers also provide the user to be able to read things such as medicine bottles, emergency numbers, etc. We all know how critical it is to take medications on time, the correct dosage and the out of the correct bottle!

Closed Circuit Televisions (CCTV's) provide an additional aid to those whose blindness is not able to be helped with standard hand held magnifiers. These individual need the additional high magnification needed to do the above tasks, plus the CCTV's assist them to maintain their independence via reading recipes (having to resort to canned goods is very unhealthy eating), read instructions on how to use appliances, etc. After all, isn't independence what independent living is all about? Keeping people living in their own homes for as long as they certainly helps reduce the horrendous costs of assisted living and nursing homes.

Including low vision aids is the right thing to do, and the costly thing to do. There is an old saying, "There but for the grace of God go I." You have no idea how these aids improve the health and quality of life for these individuals, many of whom have worked hard all their lives and paid their taxes. When you folks making this determination are in your 60's and 70's you will know what it is like. If you have macular degeneration in your family history, you can experience this life altering eye condition first hand when you are in your fifties. The CCTV will be a life saver for you. Unless you have a huge stash of cash available you can pay out of pocket for it. If not, well, you had better change your tune about excluding these aids. You may end up in a nursing home sooner than you think, especially if you have also have diabetes, the leading cause of new blindness in the US, and can't read the insulin guide on the syringe. Or, I have one better. Your elderly spouse whom you take care of and whom you love very much needs his/her medication, and you have to give them to her. But...tsk...tsk..you can't read the bottles, either without a CCTV. Are you going to guess at the dosage?

Denying Low Vision Aids is mean spirited and ill conceived. This country was founded on the principle of "Government of the people, by the people and for the people.", regardless of their ability or disability.

CMS needs to do the right thing. And that is, include low vision aids. You will appreciate this later on when you hair turns grey and the shoe is on the other foot. Many eye conditions are hereditary and you just never know, do you?

Gerry Niedermaier, M.A., COMS
 9393 W. Mt. Vernon Ave.
 Milwaukee, WI 53226

Submitter : Mr. Allan Brenner
Organization : Earle Baum Center of the Blind
Category : Other Health Care Professional

Date: 05/03/2006

Issue Areas/Comments

Low Vision Aid Exclusion

Low Vision Aid Exclusion

As an organization that provides training and rehabilitation services to many individuals who are losing their sight, a majority of whom are seniors, it is mean spirited and unacceptable to exclude vision aids to those on Medicare. Everyone must have an equal opportunity to access information and those who need to do so with the aid of adaptive equipment must not be treated as exceptions. Excluding low vision aids to people losing their sight is both heartless and very short sighted. Our "system" stresses independence which can only be achieved if people are able to take care of their basic daily needs. Having the means to accomplish such basic tasks as paying bills is essential if one is to remain independent and the alternatives are far more costly than the expenditure for magnifiers. Please revise the decision and make it possible for an ever increasing population to live normal lives and not force our seniors who have paid their Medicare insurance for much of their lives to sacrifice independence for such a relatively small price.

Submitter : Mrs. Theresa Maggiore
Organization : Mrs. Theresa Maggiore
Category : Other Health Care Professional

Date: 05/03/2006

Issue Areas/Comments

Low Vision Aid Exclusion

Low Vision Aid Exclusion

The exclusion of low vision devices is a short sighted decision. The provision of these devices allows individuals to maintain their independence and live in their own homes. This is far more cost effective and a better quality of life than nursing home care, especially after they break their hip tripping over something they could have seen had they had better use of the remaining vision. Think again ladies and gentleman and do not be penny wise and pound foolish!

Submitter : Barbara J. LeMoine
Organization : Barbara J. LeMoine
Category : Individual

Date: 05/04/2006

Issue Areas/Comments

Low Vision Aid Exclusion

Low Vision Aid Exclusion

Attachment

CMS-1270-P-6-Attach-1.TXT

docdispatchserv[1].txt

Docket: CMS-1270-P - Medicare Program; Competitive Acquisition for Certain Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) and Other Issues: Low Vision Aid Exclusion

Your proposal to treat low vision devices that use lenses (as eyeglasses do) is unconscionable. Individuals, and especially senior citizens, with low vision use magnifiers to perform many ordinary daily tasks of independent living. For example--they use magnifiers when grocery shopping, to read bus schedules so they can travel independently, and to read clothing labels to determine if a garment is washable or needs to be dry cleaned. They use magnifiers to write checks and read currency and financial statements. Privacy is important--most people don't want anyone else, even family, reading their bank statements, loan documents, or bills. With the help of a magnifier, they read mail and enjoy such personal items as photographs of their grandchildren. Reading newspapers, recipes, food labels, instructions for appliances, and most importantly, prescription labels is impossible without the assistance of a magnifier. Without a magnifier, they would need to depend upon the assistance of family, friends, and neighbors making spontaneous tasks such as identifying two prescriptions in identical bottles impossible. Magnifiers are absolutely essential tools for individuals with low vision. I encourage you not to institute the proposed rule on low vision aid exclusion.

Barbara Jackson LeMoine
2829 Connecticut Avenue, N.W., Apt. 512
Washington, DC 20008
202-462-6325
bjlemoine@comcast.net

Submitter : Mrs. Michelle Antinarelli

Date: 05/04/2006

Organization : AMESVI

Category : Individual

Issue Areas/Comments

Low Vision Aid Exclusion

Low Vision Aid Exclusion

This exclusion creates a whole new population--deliberately blinded people. Without these devices the low vision population, already limited in their ability to successfully and effectively access their world, are removed from the realm of consideration. Instead of being able to read prescription labels and take medications independently, this group of people will require either a home health care aide or nursing home care. Instead of being able to dial a phone and order take-out from a menu, this group of people will have to subscribe to 'Meals on Wheels.' Instead of being able to read the newspaper and make decisions about voting issues, this group of people will have to request social service agencies to help them exercise their legal rights to vote on issues at hand. Although decreasing the amount of financial burden on the Medicare provider--this measure also disperses the financial onus among many human service agencies and caregivers--at the expense of the independence and dignity of the individual with low vision.

Submitter : Mrs. Georgia Hamlin
Organization : Mrs. Georgia Hamlin
Category : Individual

Date: 05/04/2006

Issue Areas/Comments

Low Vision Aid Exclusion

Low Vision Aid Exclusion

Excluding Low Vision devices, which can be very costly for an individual to purchase and may need to be changed as vision changes, would put many people at risk of losing their independence. Their ability to travel safely could be impacted and they might be denied the use of vision to direct their daily activities... thereby imposing a more restrictive lifestyle on them. This could also impose dangerous risks. They might choose wrong meds or doses if they couldn't read small print on labels. They might have difficulty reading meters to track blood sugar and make errors in regulating diets. Using cookbooks, reading a card or letter, reading bills and writing checks, shopping and seeing labels on cans, reading newspapers, Ad circulars, church bulletins, recreational reading, reading directions for new devices, locating public transportation...just a sampling of the every day activities that would be more difficult or impossible for low vision clients without the assistance of low vision devices. Certainly, there would be a drastic loss of quality of life, independent functioning and productivity.

I urge you to reconsider this exclusion in the light of its importance in the daily lives of the users. Perhaps a library of devices could be maintained to circulate them if they were in good condition and no longer needed by a user, thereby keeping costs down.

Submitter : Ms. Lenore Schwager
Organization : Finger Lakes Independence Center
Category : Consumer Group

Date: 05/04/2006

Issue Areas/Comments

Low Vision Aid Exclusion

Low Vision Aid Exclusion

It is essential that individuals with vision loss be covered for low vision aids or technologies so that they can remain as independent as possible for as long as possible. Without this coverage many will be forced to be placed in assistive living or nursing homes. Please do not discourage people with vision loss from being able to maintain their independence as long as possible.

Thank you

Submitter : Dr. Mark Stracks
Organization : Psy-Visions, LLC
Category : Physician

Date: 05/04/2006

Issue Areas/Comments

Low Vision Aid Exclusion

Low Vision Aid Exclusion

I am writing to comment on section 414.15 of file code CMS-1270-P, 'Low Vision Aid Exclusion'. As a physician and blind consumer I feel that such an exclusion would have detrimental effects on healthcare quality for blind and visually impaired clients. Clients utilize low vision aids to read medication directions, monitor blood sugar, monitor blood pressure, travel to and from medical appointments and appointments for diagnostic testing. Such aids allow for clients to take notes when health care professionals are explaining important concepts regarding a client's health status, or specifics of management issues. Such aids allow clients to interpret and complete paperwork provided by physicians, labs, pharmacies, and Medicare/Medicaid. To eliminate the availability of such devices would invariably lead to a decrease in the ability of an entire subset of the population to avail themselves of, and comply properly with, preventative health care maintenance and acute health care management. This, in turn, would likely lead to an increased utilization of emergency services, increased costs, and overall less efficacious outcomes for this group of clients.

I would strongly advise reconsideration of and repeal of this exclusion. It's inclusion can be nothing but harmful.

Sincerely,

Mark D. Stracks, MD, MS, MPH
President,
Psy-Visions, LLC

Submitter : Mr. Winston Smith
Organization : Stephen F. Austin State University (student)
Category : Academic

Date: 05/04/2006

Issue Areas/Comments

Low Vision Aid Exclusion

Low Vision Aid Exclusion

Excluding low vision aids from Medicare beneficiaries will profoundly limit their independence in all aspects of their daily lives. The amount saved by this proposed exclusion would be far outweighed by the cost of caring for these individuals with low vision whom, once they no longer have access to these low vision aids, must have assistance from others in almost all the activities of daily living. With eyeglasses alone many of these people will, for all practical purposes, be no longer able to read. Without monocular telescopes and other distance aids they will no longer be able to travel independently, and any attempt by them to do so has a great risk of personal injury. This also will contribute to the cost of this proposed exclusion.

Submitter :

Date: 05/04/2006

Organization :

Category : Individual

Issue Areas/Comments

Low Vision Aid Exclusion

Low Vision Aid Exclusion

I strongly oppose this exclusion for low-vision consumers like myself...many of them do not have enough income to be able to purchase expensive equipment such as CCTVs, magnifiers, etc. to help them have a more independent life. These devices could enable them to have a job and not to depend on their families/friends for extra help. PLEASE reconsider this and restore the inclusion of Low Vision Aid.

Submitter : Peggy Silliman
Organization : Midwest Meidcal Services, Inc
Category : Other Health Care Provider

Date: 05/04/2006

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1270-P-13-Attach-1.DOC

May, 2006

Department of Health and Human Services
Attention: CMS-1270-P
PO Box 8013
Baltimore MD 21244-8013

RE: Comment of CMS-1270-P Proposed Rule

ELIMINATION OF SUPPLIERS

We are a small DME company (one store) in the Midwest. After reading the complete document I'm sure that the authors have not been to a DME supplier like ours and actually seen what we do everyday. We are part of the 90% (page 148 of the document) you will eliminate. We are not a big national company that has set up shops all over the US, with nothing in them, but the standards posted and the back room full of oxygen supplies. On a daily bases if you stop at these shops, no one is there, and it is impossible to return any equipment or speak to a person about problems with equipment, or extra education of the equipment. Yes, they qualify as a supplier because they have a building, with a sign, posted hours, standards posted, but where is the service to beneficiaries, which is what CMS is saying this is all about, when no one is at the site and phone calls go to an answering machine. However, our company sees every type of patient, every day, including ostomy, diabetic, wheelchair, wound care, along with hip kits, reachers, bed pans, etc. So, who will service all of these beneficiaries with these products, and still stay in business. National companies only have respiratory in mind and will leave the small stuff to the small companies. In the trial counties has

there been a site visit to the winning bidder's locations to check all this out before we move on to the next competitive bidding step.

ACCREDITATION

We are not accredited, but for our 25 years of service we have always complied with the standards, and slowly worked on heading toward this step. We think accreditation is a good move, making everyone accountable. Our concern is who will do the accreditation that knows our industry. The big accreditation organizations, which we have investigated, are hospital orientated, and they have a whole different agenda, and offerings to their mix (ex. home health nursing). We need an agency that will understand driving 90 miles to see a patient, address the limited staff, the limited office space, and income.

BIDDING PROCESS

The bidding process is complicated for a small DME company. Why does it have to be such a mystery and confusing? We do not have one person in this company (8 people) that isn't working every minute of every day. Who would have 70 hours to do a bid and how do we justify the cost of \$2200, when we can't understand the complicated bidding process to see if there is even a chance against all the large nationals, that have planted themselves everywhere.

You want quality at the lowest price, and believe me, quality will suffer. We know the cost of taking care of patients. It has been our passion for years, and we can only hope that someone will step up and look at the "big picture" of who the winners really are in this game.

Peggy Silliman, Owner
Midwest Medical Service
Watertown, South Dakota

Submitter : Mrs. Maria Tessier

Date: 05/04/2006

Organization : Mrs. Maria Tessier

Category : Academic

Issue Areas/Comments

Low Vision Aid Exclusion

Low Vision Aid Exclusion

As a Teacher of the Visually Impaired, I want to stress to you the importance of low vision devices for independence for the visually impaired population. Taking away such a device would be like taking away your car and saying that riding a bike is just as good. Low Vision aids such as CCTV's, magnifiers, monoculars, etc, allow a person to live life as normally as possible and be independent to the highest degree. Vision loss is devastating in and of itself. These devices offer hope that a person can at least continue to function somewhat to the same degree of normalcy that they used to. Reading one's mail, following a recipe to make a meal, or just using a low vision aid to see medications allows a person to function without dependency on other services. Each human being is entitled to be as independent as possible and sometimes that means having an aid or device to do so. It is much more cost effective to pay for low vision aids than it is to hire staff to do the same tasks that the low vision person could do independently with a simple device. Please support the purchase of low vision devices. It is so important!

Submitter : Mrs. Cynthia Rosenthal
Organization : Mrs. Cynthia Rosenthal
Category : Individual

Date: 05/04/2006

Issue Areas/Comments

Low Vision Aid Exclusion

Low Vision Aid Exclusion

As the U.S. population grows older, more of us will have vision problems and will need technology to enable us to function--to read mail, such Medicare announcements; to pay bills and write checks; to use the telephone; to read clocks; and even to get around physically without bumping into things. Such equipment, just like wheelchairs and walkers, should be included in Medicare.

In addition to the elderly with degenerative vision problems, younger people who are blind or vision-impaired should be able to acquire devices to enable them to function in society, in the same way that other people physically impaired due to disease or accident can, with the help of Medicare.

Submitter : James Martin
Organization : James Martin
Category : Individual

Date: 05/05/2006

Issue Areas/Comments

Low Vision Aid Exclusion

Low Vision Aid Exclusion

Prosthetics for nearly every other disability are covered by Medicare. Why should people who have low vision be denied such coverage?

Submitter : Richard Phelps
Organization : AACB
Category : Individual

Date: 05/05/2006

Issue Areas/Comments

Low Vision Aid Exclusion

Low Vision Aid Exclusion

I am very concerned that this proposed Section 414.15 or Low Vision Aid Exclusion would exclude CCTVs and other electronic magnification aides. This would be devastating to those of us who depend on CCTVS and other devices in our daily lives. Please immediately reconsider this rulling; I'll be contacting my Senator and Represantive about this matter.

Submitter : Ms. Jody Niemann
Organization : Ms. Jody Niemann
Category : Occupational Therapist

Date: 05/05/2006

Issue Areas/Comments

Low Vision Aid Exclusion

Low Vision Aid Exclusion

I am an occupational therapist working in a skilled nursing facility that provides low vision rehabilitation training on both an inpatient and outpatient basis. Low vision devices recommended by a qualified professional should be covered by Medicare to enhance the independence, safety, and quality of life for the Medicare beneficiaries with low vision. Deficits in low vision can impact a person's life negatively if there is no treatment by a qualified low vision professional to allow the person to utilize the residual vision. Persons with low vision (even 'legally blind') are not blind and do have residual vision to utilize with daily tasks and functional mobility with training. If training with low vision assistive devices is provided, a person with low vision can remain in their own homes with no or minimal outside assistance and reliance on others which is a clear benefit to that person but also to the community as a whole and financially to the budget as these people will be less likely to have accidents in their environment such as burns while cooking or falls with ability to use the devices and training by occupational therapy to utilize residual vision effectively. I do see great benefit with the magnification devices for safety issues with increased ability to read necessary items such as medications bottles/packages, food preparation instructions and expiration dates, and financial correspondence. There are many examples that allow people to be safe in their own environments with training on low vision devices and safety leads to prevention which should be a key focus to having a 'well elderly' population to avoid increasing health care costs. I urge the reconsideration of excluding low vision devices from coverage when the devices are recommended and evaluated by a qualified health care professional such as an occupational therapist.

Submitter : Dr. Diane Wormsley
Organization : Pennsylvania College of Optometry
Category : Individual

Date: 05/05/2006

Issue Areas/Comments

Low Vision Aid Exclusion

Low Vision Aid Exclusion

Excluding low vision aids and devices for people who have low vision will greatly detract from their attempts to become independent in performing visual tasks. Low vision aids are cost effective in that they allow people to do for themselves, and not rely on others who might need payment for services. The people time is much more costly than the cost of the individual devices which can be used over a long period of time. Please reconsider this exclusion.

Submitter : Mrs. Rachel Ethier Rosenbaum
Organization : The Carroll center for the blind
Category : Other Health Care Professional

Date: 05/05/2006

Issue Areas/Comments

Regulatory Impact Analysis

Regulatory Impact Analysis

Docket: CMS-1270-P - Medicare Program; Competitive Acquisition for Certain Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) and Other Issues: Low Vision Aid Exclusion

Regulatory Impact Analysis

May 5, 2006
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1270-P
P.O. Box 8013
Baltimore, MD 21244-8013

Docket: CMS-1270-P - Medicare Program; Competitive Acquisition for Certain Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) and Other Issues: Low Vision Aid Exclusion

"We are proposing to clarify that the scope of the eyeglass coverage exclusion encompasses all devices irrespective of their size, form, or technological features that use one or more lens [sic] to aid vision or provide magnification of images for impaired vision. This proposed regulatory provision clarifies that the statute does not support the interpretation that the term eyeglasses only applies to lenses supported by frames that pass around the nose and ears."

The NPRM specifically invites comment from the public on this matter. Comments are due June 30, 2006. Comments should be submitted electronically.

Dear Sir or Madam:

I have been the director of the Carroll Center for the Blind since 1976. In the course of these 30 years I have worked with thousands of blind and visually impaired persons seeking to maintain their independent lives. In these 30 years there has been an explosion in innovation of devices that improve the daily lives of disabled persons and blind person have also profited from these innovations in technology This is what has made our country great!

Individuals, and especially senior citizens, with low vision use magnifiers to perform many ordinary daily tasks of independent living. For example--they use magnifiers when grocery shopping, to read bus schedules so they can travel independently, and to read clothing labels to determine if a garment is washable or needs to be dry cleaned. A magnifier is used for reading newspapers, menus, recipes, food labels, instructions for appliances, and most importantly, prescription labels. It can be impossible without the assistance of a magnifier to perform spontaneous tasks such as differentiating between two different prescriptions in identical bottles without the assistance of family, friends, or neighbors. Besides helping to accomplish the important daily living tasks, imagine the joy of your grandmother whose vision is now hazy to be able see the latest family photos of her treasured grandchildren. But that is not all&

Privacy is important--most people don t want anyone else, even family members, reading their bank statements, financial documents, or bills. Individuals with low vision use magnifiers to read these very personal documents and to write checks and read currency.

Magnifiers are absolutely essential tools for individuals with low vision. I encourage you to reconsider your ruling; DO NOT institute the proposed rule on low vision aid exclusion. All of us boomers await your ruling with interest. Sincerely,

Rachel Ethier Rosenbaum,
President

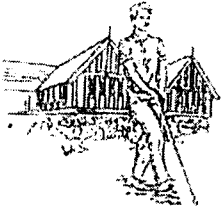
Regulatory Impact Analysis

Regulatory Impact Analysis

Not allowing the inclusion of closed circuit television and magnifiers to be considered as durable medical equipment

CMS-1270-P-20-Attach-1.DOC

CMS-1270-P-20-Attach-2.DOC



The Carroll Center for the Blind

770 Centre Street, Newton, MA 02458 • (617) 969-6200 Fax (617) 969-6281
1-800-852-3131 www.carroll.org

May 5, 2006

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1270-P
P.O. Box 8013
Baltimore, MD 21244-8013

Docket: CMS-1270-P - Medicare Program; Competitive Acquisition for Certain Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) and Other Issues: Low Vision Aid Exclusion

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Magnifiers are absolutely essential tools for individuals with low vision.
I encourage you to reconsider your ruling; DO NOT institute the proposed rule on low vision aid exclusion.
All of us **boomers** await your ruling with interest.

Sincerely,

Rachel Ethier Rosenbaum,
President

Submitter : Mr. Anet Richmond
Organization : Mr. Anet Richmond
Category : Other

Date: 05/06/2006

Issue Areas/Comments

GENERAL

GENERAL

I have low vision and think it is terrible that things are being denied to those who need it. By denying low vision devices it makes it harder to live comfortable and see. It seems the people who make these decisions don't have to worry they only think of the cash not the person in need. My vision has gotten worse and I need more assistance to get around. It hurts to think I may need something one day and not get it because of cost. That is very saddening.

Submitter : Mr. Larry Johnson
Organization : Alamo Council of the Blind
Category : Individual

Date: 05/06/2006

Issue Areas/Comments

Low Vision Aid Exclusion

Low Vision Aid Exclusion

Barring coverage of low vision devices would have devastating effects on the quality of life of aging Americans and others with vision loss. These tools are the very key to remaining active and living independently and safely with eye conditions such as age-related macular degeneration, glaucoma, cataracts, and diabetic retinopathy.

Over 6.5 million Americans aged 55 and older are blind or severely visually impaired. These numbers are expected to more than double by the year 2030.

Low vision devices are designed to help people read, write, watch television, speak on the telephone, keep track of time, and cook. And while some products are more affordable, some can run in the \$1,800 to \$4,000 range, which is a hefty investment for seniors or people with disabilities in tough financial situations.

Submitter : Mr. James Vaglia

Date: 05/07/2006

Organization : self

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

I am writing with respect to Medicare not covering aids and prospetics for people with disabilities and with respect to the fact, that many states are not recognizing Medicaid is now Medicare. Thanks for taking the time to consider these public comments.

Submitter : Steven Rothstein
Organization : Perkins School for the Blind
Category : Academic

Date: 05/08/2006

Issue Areas/Comments

GENERAL

GENERAL

Last week the Center for Medicare and Medicaid Services (CMS) announced its intention to bar coverage of low vision devices, including closed-circuit television systems (CCTVs), magnifiers, and other low vision technology designed to help people with vision loss live healthy and independent lives. Perkins School for the Blind is opposed to this proposal.

Barring coverage of low vision devices would have devastating effects on the quality of life of aging Americans and others with vision loss. These tools are the very key to remaining active and living independently and safely with eye conditions such as age-related macular degeneration, glaucoma, cataracts, and diabetic retinopathy.

The announcement comes at time when the number of Americans with eye diseases is increasing and vision loss is expected to become a major public health problem as boomers age. Over 6.5 million Americans aged 55 and older are blind or severely visually impaired. These numbers are expected to more than double by the year 2030.

Submitter : Mrs. Ellen Morrow
Organization : Vision Loss Resources
Category : Social Worker

Date: 05/08/2006

Issue Areas/Comments

GENERAL

GENERAL

I am very concerned that low vision aids - magnifiers, CCTV's and distance aids are not being covered by medicare. In my over 30 years of experience in the field of vision loss, this is such an inexpensive intervention, that often makes the difference between someone remaining independent or having to go into assisted living or long term care (at much greater expense to the taxpayers). Rehabilitation for a senior with vision loss is cost effective, and helps keep our elders dignity intact. Of all things not to cover, this one is a shame. As an agency providing services to seniors with vision loss, medicare coverage of low vision aids and CCTV's would be of huge benefit to the consumer and would be a very efficient expenditure, as it prevents or prolongs a person's independence. Please reconsider the position on coverage of magnifiers, CCTV's and other low vision aids.

Submitter : Mrs. Janet Messer

Date: 05/08/2006

Organization : Mrs. Janet Messer

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

I am disheartened to think our legislators would take even more away from people who are losing their vision or are visually impaired.

Please use your vision to see that this does not happen.

Thank you.

Submitter : Gregory Evanina
Organization : Matilda Ziegler Magazine for the Blind
Category : Media Industry

Date: 05/08/2006

Issue Areas/Comments

GENERAL

GENERAL

As the editor of Matilda Ziegler Magazine for the Blind, one of the world's oldest magazines for blind people, I know how much of a positive difference that assistive and adaptive technology can make in these people's lives. It would be inhumane of Medicare and Medicaid to deny people with visual impairments equipment that improves their lives dramatically.

Submitter : Ms. Kathryn Flynn
Organization : Gov.Morehead School Outreach
Category : Individual

Date: 05/08/2006

Issue Areas/Comments

Low Vision Aid Exclusion

Low Vision Aid Exclusion

Low vision individuals must have closed-circuit televisions and low vision devices to access information and navigate in the environment. This is an unacceptable rollback of benefits that denies low vision devices to those with vision loss, including million's of America's senior citizen beneficiaries.

Submitter : Mr. Chuck Russell

Date: 05/08/2006

Organization : Mr. Chuck Russell

Category : Individual

Issue Areas/Comments

Low Vision Aid Exclusion

Low Vision Aid Exclusion

Excluding coverage of specialty low vision devices for aging Americans would be devastating. Such devices are necessary for safe and independent living for individuals with significant vision loss.

The CMS rationale for prohibiting low vision aids seems to center on an interpretation of a definition of eyeglasses, which have been/are currently barred from coverage, except in specific circumstances (after cataract surgery). Eyeglasses are prescribed to correct, to the maximum extent possible, refraction problems some more serious than others and are needed by a substantial number of Americans, young and old, and is thus the probable reason for excluding common eyeglasses. Low vision aids are typically needed and used by persons with serious vision loss in addition to corrective eyeglasses/contacts, and/or in instances wherein refraction cannot be corrected or where refraction is not the reason for the vision loss.

This is not the time to exclude low vision tools from the repertoire of necessary care for older Americans. The number of Americans with eye diseases causing vision loss is increasing and will become a major public health problem as baby boomers age. There are over 6.5 million older Americans (age 55+) who are blind or severely visually impaired a number that is expected to double by 2030. Bureaucratic definitions and interpretations should not override the needs of age-related seriously visually impaired individuals from living a quality life with the aid of low vision devices.

Submitter : Mrs. Coral Andrews
Organization : Healthcare Association of Hawaii
Category : Health Care Professional or Association

Date: 05/08/2006

Issue Areas/Comments

GENERAL

GENERAL

The Healthcare Association of Hawaii is a non-profit trade association representing the full spectrum of health care, including acute and long term care facilities and home care and hospice providers. As such, we represent providers in urban and rural settings across seven islands. Our home medical equipment providers often provide sales and service under one roof in response to geographic displacement of each island and as a state from the mainland U.S. Competitive bidding would be detrimental to the sales and service model in the islands. Smaller HME companies would be forced out of business as they could not compete with larger chains. On some islands, that means that the primary provider of HME would close. Items in need of repair would have to be mailed to the Mainland for servicing which would contribute to delays in equipment repair. As we move forward to enable growth in home and community based services and away from acute hospitalizations, it is imperative that we retain timely sales and service in the HME companies servicing our residents. Through this model, residents are able to maintain independence in the home.

For the foregoing reasons, the Healthcare Association of Hawaii is against Competitive Bidding in Hawaii.

Submitter : Mr. Kyle McHugh
Organization : H
Category : Pharmacist

Date: 05/09/2006

Issue Areas/Comments

Quality Standards and Accreditation for Supplies of DMEPOS

Quality Standards and Accreditation for Supplies of DMEPOS

We are a small rural supplier of DME and it is our understanding that we will have to pay up to \$7,000 to some company that has not yet been named by June 2006 in order to bill Medicare for payment of DME services provided after January 2007. It is our understanding that it takes 6 months to get accredited depending on the company and that no company has been approved to give accreditation but they are all advertising that they can do it for us. I feel that this is false advertising and should be addressed.

I also feel that this \$7,000 expense could drive us not to be able to afford to provide this equipment to those few in our community who need it, which in turn would drive the costs up because there would be less competition. I understand that this process and the bidding process that is being proposed are designed to lower costs and protect against fraud. However I feel that this will only drive smaller operations such as ours out of business and leave only large players in the marketplace who will inevitably drive the costs up because there will be no competition to bid against them.

I truly feel that there should be a different accreditation and bidding process for rural America and also for those stores that only bill Medicare for diabetic supplies. There is no way they can afford to pay for accreditation through an outside firm for \$7,000. I have a small store that does this and they will not be able to afford to pay the \$7,000 so the 75 or so Medicare customers they provide supplies for will have to drive at least 20 miles to get their supplies from a larger supplier. There should be a difference between providers that supply full DME options and those that are just trying to help their patients by providing testing supplies as a convenience to them.

Thank you for your time and concern in these matters

Kyle F. McHugh, RPh
803-247-2133
kyle@randjdrugs.com

Submitter :

Date: 05/09/2006

Organization :

Category : Individual

Issue Areas/Comments

Low Vision Aid Exclusion

Low Vision Aid Exclusion

I work directly with blind and visually impaired people, and I see them navigating the streets of New York City. It saddens me to think that these very individuals will no longer receive aid to obtain devices which help them maintain their independence and productivity. We need to ask ourselves, as Americans, at what point we justify denying citizens such vital services in order to free up some extra cash. This decision to no longer provide devices to blind and visually impaired people is yet another example of the alarming rate at which the US government is seeking to do away with public programs that so many Americans desperately need. Not only would seniors be affected, but also their families who will have to provide care that they probably can't to begin with. I worry how I will be able to provide for my family AND my mother as she gets older, knowing that the government to which I pay taxes does not have the well-being of its citizens in mind. I urge you to insure the future of seniors' health and well-being for the benefit of everyone. Thank you.

Submitter : Ms. Janice Brooks
Organization : Ms. Janice Brooks
Category : Individual

Date: 05/09/2006

Issue Areas/Comments

Low Vision Aid Exclusion

Low Vision Aid Exclusion

Please reconsider your intention to bar low vision aids for Medicare recipients. As a senior myself, I am increasingly concerned about my future, most importantly my financial outlook. I am 74 years old, on medicare, but still working and so do carry medical insurance through my employment. However, I see my health decreasing and do not know how much longer I can work. When that time comes, I will have to rely on medicare and my social security. If health benefits are reduced, older, fixed income people will suffer.

Submitter : Mr. Cliff Doss
Organization : AireCore Medical Services
Category : Other Health Care Provider

Date: 05/09/2006

Issue Areas/Comments

Opportunity for Participation by Small Suppliers

Opportunity for Participation by Small Suppliers

As the owner of a small DME I am very concerned that competitive bidding will have 2 adverse effects. 1) I will be forced out of business by larger companies better able to leverage their purchasing power and 2) I will be forced to sell my company at a significantly lower price because the larger companies will have the advantage of knowing I can't continue to do business. I hope that company's such as mine that serve a very rural customer base will be allowed to accept the competitive bids by large companies if we so choose. If not service to the rural areas will suffer greatly.

Quality Standards and Accreditation for Supplies of DMEPOS

Quality Standards and Accreditation for Supplies of DMEPOS

As the owner of a small DME company I am concerned about the high cost of accreditation. In general only large companies have pursued accreditation in order to be a provide for certain insurances. Because of this the company's that accredit charge very high prices. I feel CMN should create a tier-type accreditation system that forces these accreditation company's to charge according to the services provided.

Terms of Contracts

Terms of Contracts

Please include verbage that allows smaller company's the opportunity to bid on contracts or accept the terms of the winning bidders.

Submitter : Mr. David Doherty
Organization : Perkins School for the Blind
Category : Academic

Date: 05/09/2006

Issue Areas/Comments

Low Vision Aid Exclusion

Low Vision Aid Exclusion

Working at a school for the blind and also having had a grandmother with low vision, I have seen first hand the impact such devices can have on a persons quality of life. Without the use of a low vision device my grandmother wouldn't have been able to read the newspaper as she had for the first 85 years of her life. Being able to do something as simple as read the newspaper everyday helped her live another 17 years. Reading with the assistance of a low vision device was medicine for her mind and soul. Eliminating funding for low vision devices will put some of these qualities of life out of the reach of many individuals since the cost of these devices can be beyond their financial capabilities. Please reconsider eliminating coverage for low vision devices. These costs may be small in comparison to covering the resulting illnesses, such as depression, one may have without the use of such equipment.

Submitter : Maria Ceferatti

Date: 05/09/2006

Organization : Maria Ceferatti

Category : Individual

Issue Areas/Comments

Low Vision Aid Exclusion

Low Vision Aid Exclusion

My son is a four year old with severe vision loss. He can only see light and shadows. I urge you to continue to provide those with low vision and those who are blind with the equipment, services and aides that are necessary to ensure their participation in society as productive and tax-paying citizens. Thank you.

Submitter : Dr. Erica Hacker

Date: 05/10/2006

Organization : Blind and Vision Rehabilitation Services of PGH

Category : Physician

Issue Areas/Comments

Low Vision Aid Exclusion

Low Vision Aid Exclusion

This an unacceptable rollback of benefits. It denies coverage to people with vision loss, especially our senior Medicare beneficiaries. Low Vision Aids keep seniors independent and healthy which SAVES Medicare money in the long run. This policy change is fiscally and socially unwise.

Submitter : Mr. Steven Smith

Date: 05/10/2006

Organization : Mr. Steven Smith

Category : Individual

Issue Areas/Comments

Low Vision Aid Exclusion

Low Vision Aid Exclusion

As a visually impaired professional I find it appalling this is even a consideration. How can you justify denying people the devices that allow them to do the activities of daily living. It is no surprise that this government is so opposed to people with vision loss. We are now the next group to be denied services by medicare.

To deny service or technology that could help a person better use their remaining vision I find to be unconscionable. This administration has much to answer for and I hope this exclusion is not allowed.

Submitter : Mr. Jeffrey Dudley
Organization : Vocational Rehabilitation
Category : Individual

Date: 05/10/2006

Issue Areas/Comments

Low Vision Aid Exclusion

Low Vision Aid Exclusion

What are people thinking.

Excluding needed items such as these only serves to move more people toward long term disability.

In fact, what will happen to all the returning vets that will all be in the same boat.

Wake up people!

Submitter : Mr. Craig Harmon
Organization : Chapin Pharmacy
Category : Pharmacist

Date: 05/11/2006

Issue Areas/Comments

**Quality Standards and
Accreditation for Supplies of
DMEPOS**

Quality Standards and Accreditation for Supplies of DMEPOS

The accreditation of all suppliers of DME is an unfair proposal for the small and rural pharmacy operators. My total DME business is primarily limited to diabetic testing supplies. My total revenue from DME in 2005 was less than \$20,000. If I must spend 2 to 5 thousand dollars to become accredited then it is no longer financially worth the trouble to be a DME supplier. If this regulation forces thousands of small companies out of the DME business it will severely limit the access to these supplies to the rural community. I would suggest that suppliers that do less than \$50,000 annually or suppliers of only drugs and diabetic supplies be exempt from this requirement.

Submitter : Mr. james watts
Organization : family pharmacy
Category : Pharmacist

Date: 05/11/2006

Issue Areas/Comments

**Quality Standards and
Accreditation for Supplies of
DMEPOS**

Quality Standards and Accreditation for Supplies of DMEPOS

I am opposed to additional accreditation requirements for medicare dmePOS suppliers. I provide excellent service in almost all cases. There are already enough standards in place to assure patient satisfaction. More "government red tape" through accreditation and quality standards is not the answer.

Submitter : Ms. Dawn Wilcox
Organization : Ms. Dawn Wilcox
Category : Nurse

Date: 05/11/2006

Issue Areas/Comments

Low Vision Aid Exclusion

Low Vision Aid Exclusion

Re "Low Vision Aid Exclusion" CMS proposed Section 414.15. I am a 70yr old RN and also a person with low vision. I am a member of the Board of an agency providing services to the blind and low vision members of 3 counties in CA. This proposed exclusion is a bad idea. CCTV's and other such visual enhancement equipment is as important to the low vision community as a prosthetic leg is to an amputee. I use magnifiers, cctv, screen reader etc in order to pay my bills, do my taxes, read statements as well as medical research reports - in other words to participate in my community and manage my life. Keep in mind the demographics - the 85plus senior group is growing and the incidence of macular degeneration and glaucoma and resulting visual deficits will rise with it. And there is the obesity 'epidemic' with its relationship to diabetes and the development of diabetic retinopathy. It is financially more prudent to spend money on these visual aids than for much more money for paid assistants to do the tasks which enable us to live independently. Dawn Wilcox BSN RN

Submitter : Don Nelson
Organization : Don Nelson
Category : Individual

Date: 05/11/2006

Issue Areas/Comments

GENERAL

GENERAL

My adult developmentally disabled son recently lost his eyesight. He, like most people in this country, would never be able to pay for assistive technological devices to allow him a profitable life. Congressional decision makers must draw from a collective empathic experience to achieve a level of conscious concern for others in this society. Medicaid cannot justifiably exclude the blind and visually impaired from supports giving them what others take for granted, Freedom. To do so would violate US discrimination tenets.

Submitter : Dr. James Hammond
Organization : Dr. James Hammond
Category : Pharmacist

Date: 05/11/2006

Issue Areas/Comments

Criteria for Item Selection

Criteria for Item Selection

Glucometers/Test Strips provided at pharmacies by means other than mail order under part B should be exempt from the accreditation and MSA requirements. These devices are typically provided with diabetic medications which allows for education/follow-up of patients by pharmacists and allows convenience for beneficiaries. In addition, these products are considered inexpensive/common devices or products and there is competitive pricing by the mere nature that many pharmacies supply these products.

Inherently, it would not be cost-effective for CMS, beneficiaries or pharmacies to mandate the associated costs and burdens of accreditation standards on pharmacies nationwide that bill Medicare Part B exclusively for glucometers/test strips. CMS data shows that where such competition exists on such inexpensive merchandise that quality and fraud does not seem to be a problem.

Submitter : K Kraska
Organization : Oregon Commission for the Blind
Category : Other Practitioner

Date: 05/11/2006

Issue Areas/Comments

Low Vision Aid Exclusion

Low Vision Aid Exclusion
RE: LOW VISION AID EXCLUSION

Dear Secretary Leavitt,

I am writing with regard to the proposal to specifically exclude low vision aids from Medicare coverage. In your commencement speech last week to University graduates in your home state of Utah, you said "Many of the most important turning points in my life came when I volunteered for duties that were worthwhile, but required extraordinary effort to get them done... nothing is better for a reputation than solving hard problems and exceeding expectations." I couldn't agree more. That's why I respectfully suggest that your staff engage in the hard work of coming up with funding for low vision devices through Medicare and the low vision aids exclusion be removed from the docket. I would suggest it be replaced with an interpretation that clarifies your department's commitment to serve the needs of older adults with low vision, particularly those who are low income and cannot afford such devices. It will also underscore your commitment to appropriately reducing the tax burdens that can otherwise result from denying visually impaired senior citizens access to such tools for independence. Thank you for your consideration. I look forward to your response.

Sincerely,

Ken Kraska
Oregon Commission for the Blind
541 Willamette St., Suite 408
Eugene, OR 97401

Submitter : Dr. Gidget Hopf
Organization : Assoc. f/t Blind and Visually Impaired-Goodwill In
Category : Other Health Care Provider

Date: 05/12/2006

Issue Areas/Comments

Low Vision Aid Exclusion

Low Vision Aid Exclusion

In its 95th year, ABVI-Goodwill in Rochester, NY is a comprehensive vision rehabilitation services agency and serves nearly 1000 low vision patients a year. The low vision exam always results in a recommendation for some type of low vision aid ranging from a low tech and relatively inexpensive magnifier to a high tech closed circuit television with features that deal with magnification, contrast, etc. The purpose of a low vision exam is to make recommendations for such aids to maximize the residual vision a person has. Once trained on these aids and devices the individual is able to live more safely and independently. Studies have shown that hip fractures associated with falls by people with vision loss are reduced when the individual has received vision rehabilitation. A recent study we conducted of individuals with low vision who have received comprehensive low vision and rehabilitation services have found a reduction in clinical depression. There are thousands of testimonials to the benefits of low vision services, however these services must include the recommendation for and the proper use of aids and devices. Offering an individual a low vision exam and then refusing to pay for the aids is like offering a person physical therapy but not paying for his crutches. It is particularly disturbing that CMS has made the decision to not fund these aids while a nation wide demonstration project has been implemented to demonstrate how low vision and other rehabilitation services benefit people who have lost their functional vision. When an individual who has been sighted his or her whole life loses vision, it is a catastrophic event. He or she needs to learn to do the things that sighted people take for granted all over again. Low vision effects a person's activities from the moment he wakes up in the morning until the time he goes to bed. We urge CMS to reconsider its decision and to fund low vision aids and devices as part of a comprehensive rehabilitation service.

CMS-1270-P-47

**Medicare Program; Competitive Acquisition for Certain Durable
Medical Equipment, Prosthetics, Orthotics, and Supplies
(DMEPOS) and Other Issues**

Submitter :

Date & Time: 05/12/2006

Organization :

Category : Other Association

Issue Areas/Comments

Low Vision Aid Exclusion

Low Vision Aid Exclusion

Barring coverage of low vision devices would have devastating effects on the quality of life of aging Americans and others with vision loss. These tools are the very key to remaining active and living independently and safely with eye conditions such as age-related macular degeneration, glaucoma, cataracts, and diabetic retinopathy. These devices can prevent accidents and injuries which cost the taxpayers money. Please reconsider putting some money into this category, to save much more money in the long run.

CMS-1270-P-48

**Medicare Program; Competitive Acquisition for Certain Durable
Medical Equipment, Prosthetics, Orthotics, and Supplies
(DMEPOS) and Other Issues**

Submitter : Mrs. Dawn Adams

Date & Time: 05/14/2006

Organization : Texas Association for Education and Rehabilitation

Category : Academic

Issue Areas/Comments

Low Vision Aid Exclusion

Low Vision Aid Exclusion

I am writing to urge you not to take away the provision for low vision devices. Without these devices, which most people cannot afford to purchase without assistance, persons with low vision will not be able to lead independent lives. My husband and I both use these devices to read instructions and labels on food products, medications, etc. Without these devices we'd have to depend on someone else to do these simple tasks for us. Taking away this provision would have adverse effects on many Americans who have low vision, but who with such devices, can lead healthy independent lives.

Submitter : Mr. Robert Cooney
Organization : Tyler Home Heath
Category : Home Health Facility

Date: 05/15/2006

Issue Areas/Comments

Regulatory Impact Analysis

Regulatory Impact Analysis

The rule creating one supplier for DME is unjust and unfair to small business owners who are unable to compete with larger chains with greater buying contracts. And what of rural areas like ours will the rules apply do you think that large companies will care about people in rural areas Not a chance

Submitter : Mrs. Louise Owens
Organization : Mrs. Louise Owens
Category : Government

Date: 05/17/2006

Issue Areas/Comments

Low Vision Aid Exclusion

Low Vision Aid Exclusion

Do not cut this for our low income/// elderly.....Cut the services to illegal alicns in ALL areas of public assistance!!That should free up money to take care of a lot of needy legal citizens..Thank you.....Louise Owens

Submitter : Ms. Julie Hapeman
Organization : Ms. Julie Hapeman
Category : Individual

Date: 05/17/2006

Issue Areas/Comments

Low Vision Aid Exclusion

Low Vision Aid Exclusion

Please do not deny funding for these devices that are so important to the independence of people with vision loss. These devices can make it possible for people to read, cook, keep track of time, and complete other ordinary tasks that people without vision loss take for granted.

Submitter : Mr. Ronald Cutshall
Organization : Mr. Ronald Cutshall
Category : Individual

Date: 05/17/2006

Issue Areas/Comments

Low Vision Aid Exclusion

Low Vision Aid Exclusion

I believe that this proposal is a bad idea because it will severely limit individuals with visual disabilities. I find that these technologies are very beneficial to these people. If this rule is implemented, the independence of these people would be seriously deminished. I urge you to reconsider your position

Submitter : Mr. William DONCEL
Organization : Veterans Administration Orlando Center Outpatient
Category : Individual

Date: 05/18/2006

Issue Areas/Comments

GENERAL

GENERAL

To Whom It May Concern: ---I am a (73) year old veteran of the Korean Conflict, who has been visually impaired for over eight years, and thank God and the Federal Government for supplying me with prosthetics, meds, medical attention, and devices that help me to remain literate and Independent. If it were not for the training in Mobility, Communication, Independent Living, and Blind Rehab Education, I don't think that I could survive very long. The devices such as the: CCTV, CCTV Canera, a new Computer, and other helps, have been invaluable to me. I've been in contact with other visually impaired & Blind veterans, who have almost given up hope for lack of these devices and other personal reasons. Please continue to help other folks in receiving the devices they may need, so that they can have a much better quality of life. I thank everyone who is working to better our lives during these Golden Years, and may God bless you all.
Sincerely, Bill D.

Submitter : Dr. Bradly Shollenberger
Organization : Dr. Bradly Shollenberger
Category : Other Health Care Professional

Date: 05/19/2006

Issue Areas/Comments

GENERAL

GENERAL

The idea of a lowest bidder contract may seem fiscally responsible, but in reality, it can only drive small businesses and individual physicians who provide DME products from the healthcare marketplace. The large corporations who remain, will ultimately become a monopoly and will end up dictating pricing to the government. These large corporations are notoriously patient-unfriendly and provide indifferent service and often inappropriate DME products. I have seen countless examples in my 20 years of practice where an insurance company required a patient to obtain their DME from a specified supplier and that patient returned to my office with the wrong device.

Don't allow DME to become another Walmart .

Submitter : Dr. Marc Katz
Organization : Advanced Podiatry
Category : Physician

Date: 05/19/2006

Issue Areas/Comments

GENERAL

GENERAL

I am opposed to competitive bidding for DMERC items. What you will be doing is forcing physicians to provide inadequate care and may constitute malpractice. I cannot tell a patient with a fracture to travel to get an Air Walker for the fracture. They cannot walk out of my office without the appropriate device. What if they don't get it? What if their condition worsens because they had to walk to get the device and the fracture worsens? I guess at that point we may have to do surgery!! These patients often are feeble and have transportation issues as well. How can Medicare compromise patient care and the physician relationship by allowing an untrained person to dispense these items?

Will Medicare be responsible for the worsening condition if this patient does not go to get their equipment? Will Medicare be responsible when non medical personnel place a brace improperly on one of my Diabetic patients and they develop an ulcer and amputation. Will Medicare pay the legal fees for the Malpractice? Will Medicare pay the bill for a surgery or worsening condition while trying to pinch pennies.

Medicare has already payed countless millions or billions of dollars to large companies that have fraudulently raped the system with electric scooters and other DME. Why would Medicare make the same mistake and award contracts to these companies because they will discount the item by a few dollars. How about your idea of awarding contracts for Medicare part D to some of these same large companies? This has been a nightmare! Patients did not and have not received their medication and ended up in the hospital or dying! Poor care! Who foots the bill, Medicare. Now these companies have switched their formularies to add to the confusion.

Please learn from your mistakes.

Place medical care in the hands of qualified Physicians, not big companies! Pay physicians what they deserve and care will improve. Farming out DME will not save Medicare. It will ruin patient care.

Please never forget that all of you sitting and making these decisions need or will need medical care. If you keep driving Physicians into the ground we will not be there for you, your relatives or your friends.

Submitter : Dr. thomasin hammer
Organization : family foot center
Category : Physician

Date: 05/19/2006

Issue Areas/Comments

GENERAL

GENERAL

Disallowing individual physicians from dispensing DME items such as can walkers is appalling. It will:

1) Interfere with the doctor patient relationship. 2) Reduce the ability for physicians to provide quality care to patients particularly during an acute crisis. 3) Significantly reduce the patient's ability to obtain needed equipment especially in rural areas. 4) Provide a significant hardship for acutely injured patients.

Thomasin K. Hammer DPM

Submitter : Dr. William Godfrey
Organization : US Army
Category : Physician

Date: 05/20/2006

Issue Areas/Comments

GENERAL

GENERAL

This is a huge mistake. It's like telling everyone they have to get their widgets at WalMart or McDonalds. That's not right. This must on some level violate antitrust laws by proposing to give a single source a monopoly by region. The Army has gone to this type of logistical acquisition of DME for our base hospitals, and guess what? We're not saving money; in fact, we're paying more for the same exact stuff that we were getting from least cost sources. Thank alot; our budget has been continuously cut over the past 5 years but we're paying more for our supplies for our growing active duty/deploying/redeploying populations which we must support. You're going to do the same thing to doctors/specialists who know better and local providers who can provide the best & most appropriate DME, the quickest, the easiest, the fastest, and the least expensive. What you're proposing is one more step towards socialism, lining the pockets of the rich, giving over more control to fewer who think they know better when in fact it will add bureaucracy, alienation, authoritarianism, decentralization, takes away empowerment to the local physician & provider, and will in fact cost more in terms of health, welfare, lost time/work/wages, and increased healthcare costs/headaches/marginalization to those of us who serve and are served by ingenious privatized healthcare. Forget your single supplier idea; they'll take over, then jack up the prices the same way foreign car companies, among other industries, have taken over in the USA.

Submitter : Dr. Stephen Sinclair
Organization : Clear Vision Foundation
Category : Physician

Date: 05/20/2006

Issue Areas/Comments

Low Vision Aid Exclusion

Low Vision Aid Exclusion

The Clear Vision Foundation, of which I am the Chief Executive Officer, is opposed to unreasonably narrow and discriminatory proposed regulatory action by CMS which contends that the diversity of interpretation of the judicial opinions of recent court rulings are in error and has expanded the scope and definition of the "eye glass" exclusion to include any device that incorporates one or more lenses. I believe this is severely discriminatory especially to millions of America's senior Medicare beneficiaries- those severely debilitated by macular degeneration. It is an anathma to me, and our Foundation, which represents patients with all types of reduced vision, that Medicare will pay for mobilized wheel chairs and other support devices that provide mobility for persons with severe limb restrictions, but not allow persons with mobility and functional restrictions due to their vision limitations to receive similar support devices. This is discrimination at its worst. I, on behalf of the Foundation, urge a reconsideration of this policy. Low vision devices of all types should be allowed for reimbursement without exception, but similar to other services and medical goods dispensed under the current coding system, should be appropriately matched for the severity and type of vision loss.

Submitter : Dr. Stuart Birnbaum
Organization : Dr. Stuart Birnbaum
Category : Physician

Date: 05/21/2006

Issue Areas/Comments

Competitive Bidding Areas

Competitive Bidding Areas

DMEPOS should not go out to bid. I know my patient's feet and what they require better than any supplier. I ensure that my patients have the proper footwear and bracing by overseeing the process personally. I am accountable to my patients. Some large supplier will not have their interests at heart, they will be looking for low cost and a quick turnaround. The end result of this proposition will be that more patients will ulcerate, which will lead to higher amputation rates, thusly undermining the intent of the original legislation.

Submitter : Dr. Jeffrey Dull
Organization : Premier Foot Care, Inc.
Category : Physician

Date: 05/22/2006

Issue Areas/Comments

Competitive Bidding Areas

Competitive Bidding Areas

Premier Foot Care, Inc. is a two doctor (Jeffrey M. Dull, DPM, AACFAS, Christine M. Dull, DPM, AACFAS, AACFAOM) podiatry practice in Bay Minette, Alabama. Because of geography there is not a ready access to a system that would be set up as a result of CMS-1270-P. Patients with acute needs would have to drive 30-50 miles to acquire a device that they can currently get from our office.

Upon reading the objectives, some seem to cancel the others out. My thought process is as follows, by implementing a competitive bidding process, the winning bidder may stock inferior products, because of price, thus DIRECTLY influencing the objectives of access to quality DMEPOS, and thus would not be beneficial to the patients care even though it helps theirs and your pocketbooks.

YOU would essentially obtain the same results by cutting reimbursements to existing providers. Then if I, as a provider, cannot stay in the market, then I would withdraw from supplying those products. If I know I can provide a patient with a product that is clearly superior, and would be to their benefit, but my profit margin is minimal or even negative, I could provide that in the current system that exists. If I have to send the patient on a marathon for a similar, yet inferior QUALITY item, especially in an acute situation, how is that patient benefited. Sure the patient saves \$10 on their co-pay but they spent \$15 in gas to get there and back. Lastly if reimbursements are reduced to the existing providers, manufacturers of the products will have to remain competitive with their prices, which will continue to stimulate the need for newer product innovation. By limiting the numbers of DME suppliers to the highest bidders, the development of new products will cease.

I can think of several scenarios that would show this new program to be not-applicable to meet ALL of the objectives and would potentially sacrifice the quality of patient care. I urge that you do not change to a competitive bidding process because this may result in the following:

It could:

1. Interfere with the doctor patient relationship
2. Reduce the ability for physicians to provide quality care to patients particularly during an acute crisis
3. Significantly reduce the patient's ability to obtain needed equipment especially in rural areas
4. Provide a significant hardship for acutely injured patients.

I welcome you to contact me with any further questions about this matter. 251-580-0481

Thank you,

Jeffrey M. Dull, DPM, AACFAS

Submitter : Mr. jaime pantoja

Date: 05/23/2006

Organization : Diabetic Solution

Category : Individual

Issue Areas/Comments

**Quality Standards and
Accreditation for Supplies of
DMEPOS**

Quality Standards and Accreditation for Supplies of DMEPOS

I have a DME company in Manati Puerto Rico. What cities wil be involved? What requirements i need to compete? what about the small supplier; because the way i see it it's that the big companys will win all the bids? Which products will be involved?

CMS-1270-P-61-Attach-1.TXT

CMS-1270-P-61-Attach-2.DOC

EQUIPO	CANTIDAD	COSTO
STERI STRIP ¼ * 4	CAJA DE 100	
STERI STRIP ½ * 4	CAJA DE 100	
STERI STRIP 1 * 4	CAJA DE 100	
PAPEL CAMILLA	CAJA DE 12 ROJOS	
SABANAS DESECHABLES	CAJA DE 100	
ALCOHOL PREPADS	CAJA DE 200	
SHARP CONTAINER (2GL)	1 QT	
GUANTES N/S CON POLVO	CAJA DE 100	
GUANTES SIN POLVO	CAJA DE 100	
MASCARILLA DE NIÑO	CADA UNA	
MASCARILLA DE ADULTO	CAJA DE 50	
LANCETAS	CAJA DE 200	
JERINGUILLAS 3 CC	CAJA DE 100	
TIRILLA (DXT)		
JERINGUILLA DE INSULINA	CADA UNA 100	
JELLY	CADA UNO	
GASAS N/S 4 * 4	PAQUETE DE 200	
GASAS N/S 3 * 3	PAQUETE DE 200	
GASA ESTERILES 4*4		
VASOS DE MEDICAMENTOS	PAQUETE DE 100	
DEPRESORES DE LENGUA	CAJA DE 500	
TAPE TRANSPARENTE 1*10	12 ROJO	
TAPE TRANSPARENTE 2*10	6 ROJO	
SPECULUM DE OIDO	PAQUETE DE 50	
BOMBILLA DE OTOSCOPIO	CADA UNO	
REMOVEDORES DE SUTURA	CADA UNO	
SET DE SUTURA	CADA UNO	

SPECULUM VAGINAL	CAJA DE 100	
BETADINE SWABSTICK	CAJA DE 50	
AGUA STERIL		
BLADES # 11		
BLADES # 15		
EYE CHART SHELLEN	CADA UNO	
PESA		
SPYNOMANOMETRO		
COAF		
TERMOMETRO (DIGITAL) FILACLE		
COVER DE TERMOMETRO	CAJA DE 500	

Diabetic Solutions, Corp.
P.O. Box 8885
Vega Baja, P. R. 00674
Tel. 787 -884-3382 Fax. 1 787 -854-2000

REPARACION DE EQUIPOS

Nombre del Paciente _____

Contacto _____ Relación con el paciente _____

Teléfono _____ # HICN _____

Dirección Residencial _____

.....

Equipo: _____

serie: _____ Marca: _____ Modelo: _____

.....

Observaciones: _____

Firma del Carrero

Fecha

Reparación de Equipos
Página 2

Evaluación: _____

Firma del Técnico

Fecha

Acción Tomada: _____

Firma Personal Autorizado

Fecha

Comentarios: _____

Submitter : Mr. thomas fuller

Date: 05/23/2006

Organization : professional pharmacy of marion

Category : Pharmacist

Issue Areas/Comments

**Quality Standards and
Accreditation for Supplies of
DMEPOS**

Quality Standards and Accreditation for Supplies of DMEPOS

we are an independent pharmacy in Marion, South Carolina and basically bill for diabetic supplies and some small dme items.

To be able to continue to provide diabetic supplies as part of our diabetic counseling and follow up with diabetic patient would be a major benefit to them. To be asked to become accredited at the cost of thousands of dollars is an undue burden on a small business.

If we are to be accredited, our diabetic counseling program will be discontinued and our patients will have to learn to use their glucose meters and strips on their own. We will be unable to provide that service at no charge. If the diabetic supplies do not arrive on time and the patient exhausts his supply, we will be unable to provide the supplies. Please consider the small supplier and the affect on our poor and rural population.

Thank you,

Thomas Fuller, Rph

Mary jo Fuller, Rph,CDE

Submitter : Dr. JD Hammond

Date: 05/23/2006

Organization : King Pharmacy

Category : Pharmacist

Issue Areas/Comments

Quality Standards and Accreditation for Supplies of DMEPOS

Quality Standards and Accreditation for Supplies of DMEPOS

Non-mail order pharmacies/pharmacists often have Part B supplier numbers because they administer immunizations and bill for a limited number of DME supplies through the course of dispensing prescriptions in their local communities, particularly glucometers and associated supplies (and sometimes crutches/wheelchairs or therapeutic shoes).

Along with these services pharmacists provide education and instruction to these patients on the use of the product in conjunction with their disease state(s).

Therefore, non-mail order pharmacies with less than 10 employees that bill for DME supplies/equipment in the course of dispensing prescriptions should be exempt from accreditation standards. CMS could even put a limit on gross sales of these products per year in order for the pharmacies to qualify for exemption from accreditation (e.g. <\$60,000/year of Part B supplies, excluding immunizations, per pharmacy). A further requirement for exemption of pharmacies could be that 85% of the patients served by the pharmacy overall be located within a 45 mile radius of that pharmacy. The gross sales requirement would prevent DME/mail order companies from potentially taking advantage of the exemption criteria.

Inherently, it would not be cost-effective for CMS, beneficiaries or pharmacies to mandate the associated costs and burdens of accreditation on retail, non-mail order pharmacies. CMS data show that where there is competition on common/inexpensive items, the potential for fraud and abuse is very low.

Submitter : Mr. B Yarborough

Date: 05/24/2006

Organization : Dura Med, Inc.

Category : Health Care Provider/Association

Issue Areas/Comments

Conditions for Awarding Contracts

Conditions for Awarding Contracts

I saw nothing about what portions of the contract will be sub-contracted out to Minority or Female owned busines. I know, for a fact, that with Federal money, there is requirement for such.

Submitter : Mr. B Yarborough

Date: 05/24/2006

Organization : Dura+Med, Inc.

Category : Health Care Provider/Association

Issue Areas/Comments

GENERAL

GENERAL

Where are the actual numbers in the test areas pertaining to small DMEPOS closures? Where are the actual numbers in the test areas related to beneficiary care by DMEPOS? The national companies are eating this up. The Federal Government will do what they (the national companies) have not been able to do: SHUT DOWN the little guy who competes on customer service and quality.

Where are the actual numbers of the new jobs within the DMERC contractors to administer this plan? So where exactly are the actual savings to the tax payer?

Submitter : Dr. Richard Belli

Date: 05/25/2006

Organization : Dr. Richard Belli

Category : Physician

Issue Areas/Comments

**Physician Authorization/Treating
Practitioner**

Physician Authorization/Treating Practitioner

This new program will make it very difficult for a phtsician to treat a patient in a private office. It interferes with the doctor/patient relationship.

Submitter : Mr. Herb Paserman

Date: 05/25/2006

Organization : JAMES

Category : Health Care Provider/Association

Issue Areas/Comments

Implementation Contractor

Implementation Contractor

On page 32 of the NPRM it states that the Secretary intends to use his authority to waive all requirements of the Federal Acquisition Regulations (FAR) to expedite implementation of National Competitive Bidding for DMEPOS. I find this deeply alarming. The FAR is a huge compilation of regulations that protect the integrity of all Federal acquisition programs. Most importantly, it safeguards against improper business practices, kickbacks, gratuities, insider deals, etc. If you couple this waiver with the Immunity Clause in Section 302, which exempts all bid awards from any legislative or judicial review, you have granted virtual invisibility to anyone seeking to employ dishonest tactics to win a bidding award. All this achieves is to place a five billion dollar Federal acquisition program at the mercy of well connected political insiders and other unscrupulous operators who will use their friends and business relationships to create fictitious companies, steal contracts and put themselves into business at the expense of the taxpayers. Meanwhile the sick and disabled will suffer from neglectful and inadequate service and thousands of legitimate companies will be put out of business. What other safeguards are there? This does not sound like a responsible, well planned approach to government health care. It appears that National Competitive Bidding, originally introduced as a deterrent under the "Fraud, Abuse and Waste" statutes will in fact encourage more fraud and dishonest practices by waiving all safeguards intended to protect government programs.

Submitter : Mr. Kenneth Wiese

Date: 05/25/2006

Organization : Home Oxygen and Medical Equipment

Category : Other Health Care Provider

Issue Areas/Comments

Competitive Bidding Areas

Competitive Bidding Areas

I will attach my comments on Competitive Bidding Areas in an attached file and they are in regards to concerns with rural areas.
Thank you for your time.

CMS-1270-P-68-Attach-1.DOC

CMS-1270-P-68-Attach-2.DOC

Addressing Rural area definition

Problem 1.) The very reason for competitive bidding is to reduce costs to CMS and the beneficiaries. Border Rural areas have distance problems that the MSA's don't have. For example a 1 hour drive time for a delivery is not uncommon. The gas, employee time and wear and tear on a vehicle are very cost prohibitive. This does not even take into consideration equipment set up, contractual explanations and beneficiary education. Nor does it take into consideration the increased cost of maintaining oxygen equipment and equipment repairs due to the distances involved between beneficiaries domiciles and the provider base of operations. As things stand the reimbursable rates for Medicare provided items is very prohibitive. Any further cost cuts will force many suppliers to stop supplying in these small rural towns. And due to Medicare rules you cannot drop ship large DME items due to the need to educate the patients.

Problem 2.) CMS states that they will be comparing each area to other similar areas. Just taking and comparing provider density to beneficiary density is too vague. Cultural and Ethnic demographics will play an enormous part in future need.

Problem 3.) The loss of a single DME in a Rural area has a greater consequence than the loss of a single DME in an MSA. In an MSA other DME's can step in to the gap caused by the collapsed DME. Rural area DME's serve not just the community that they are based in but all the surrounding communities, the limit of which is contained by delivery costs.

Solution; Rural areas that are more than 45 miles from an MSA or its surrounding counties or zip codes should be excluded due to the issues posed above.

Addressing mail order supplies

Problems that have occurred with mail ordering diabetic supplies noted here in South West Texas.

Problem 1.) (Timely Delivery) At least once a week a patient comes in complaining that they didn't receive their mail order supplies. We ask them to call the company. The beneficiaries invariably state that the company has told them that their supplies were sent and signed for. The patients contend that they personally did not receive the supplies. The companies then also refuse to send more.

Problem 2.) We have also had cases of companies supplying test kits that no one in the region has strips for. The patient's only recourse is to purchase a new Test Kit that local suppliers carry the strips for.

Problem 3.) Also sometimes Test Strips are bad. Whole lots of them can be bad. Type I Diabetic patients can not afford to wait 2 to 3 days while new strips are rushed to them out here in rural Texas

Problem 4.) Test strips are sensitive to heat any temp above 86 degrees Fahrenheit or below 30 degrees Fahrenheit. Storage in a non-climate controlled space like a mail distribution warehouse can ruin the strips.

Problem 5.) Patients come to us complaining about the customer service from the mail order businesses and wish to switch providers. The mail order business provided a non-normal test kit. In order for patients to exercise their right of provider choice they are forced to purchase a new kit that accepts locally provided test strips.

Problem 6.) Hidden charges. We are seeing mail order businesses circumvent the Medicare process by charging processing, delivery or handling fees. And or yearly fees to belong to their groups.

Problem 7.) Local businesses can respond to a change in medical need almost immediately whereas a mail order business can not.

Problem 8.) Mail order delivery companies deliver 3 months of supplies. When their test kit breaks they are forced to wait for days and sometimes weeks for a new test kit and up to 90 days to switch providers. Should they want to switch providers they are forced to wait up to 90 days.

Solution; Local supplier that can deal with delivery and medical need issues immediately. Hand delivery of the supplies will preclude this entire problem

Submitter : Mr. Kenneth Wiese

Date: 05/25/2006

Organization : The Apothecary Pharmacy

Category : Other Health Care Provider

Issue Areas/Comments

Conditions for Awarding Contracts

Conditions for Awarding Contracts

I will attach my comments in a file
Thank you for your time.

CMS-1270-P-69-Attach-1.DOC

Addressing Bidding

Problem 1.) None of the methods of bidding are really fair. To complete a fair bid a bidder needs several things to complete the equation. 1. Cost of product 2. Cost of doing business "employee, insurance, storage etc;" 3. Quantity to be purchased (This is important so that discounts based upon volume can be calculated.

Problem 1. cont; Without #3 a true money saving bid proposal cannot be achieved. A single sale bid will be submitted. Some DME's will thusly be encouraged to take a chance and bid upon a phantom quantity. This is the type business risk taking that will be detrimental to beneficiaries should the DME fold.

Problem 2.) DME's wishing to enter into the new bidding cycle will not have an established relationship with a distributor or a supplier for that particular product. This will equate to a higher cost of product thusly making that DME bid with a distinct disadvantage.

Solution; CMS should set a payment rate and the businesses that cannot provide at that cost should do business else where. Competitive bidding should be done away with due to the cost of monitoring and setting it up. CMS is setting itself up for graft and corruption in the manner in which it is proposing to monitor the bidding process and the selection of providers.

Submitter : Dr. Will Godfrey DPM

Date: 05/26/2006

Organization : Dr. Will Godfrey DPM

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I must request that you print a statement of retraction along w/ a correction, apology, and a clarification that it was a personal not professional/organizational position:

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With regards to my recent voiced opinion posted on the issue of potential future 'single sourcing DME for Medicare regions:'

"My statements were mis-informed and incorrect; therefore I must retract them. Indeed, upon further research, in the arena of DME for Army medicine, it turns out that we as users and recipients in the Army medical supply chain are in fact saving millions through the use of single source providers of DME. In addition, my comparison or analogy was faulty; in fact, I jumped to conclusions based on having too few facts and worse- incorrect examples. Moreover, these statements I made were my own personal opinion, albeit now I know to be mis-informed (or rather un-informed); and furthermore, these were not the statements nor position of the US Army, nor was I speaking as a representative of it."

In sum, I apologize for misleading & incorrect evidences advanced in the logic of my hasty argument. Therefore, despite my own personal concerns about such a program for the civilian sector (of which I ll be a part someday soon), it seems that the reality is that it does in fact work exceedingly well in the arena of Army medicine. Bottom line: It was my mistake and I retract my faulty statements made in my argument; I have learned that this was not a valid comparison or analogy. It was written in haste when I broke my own rule to fully to check the facts and also finally in poor judgement when I mistakenly mis-represented.

=====

THANK YOU,

William W. Godfrey DPM
Major, Med Svc Corps, US Army
Fort Polk (Leesville), LA
williamtrekkic@earthlink.net

P.S. Gotta foot problem? See a Podiatrist ('Pod' = 'foot' - doctor) -- physician of foot medicine & surgery.