



# NHOPA NEWS

National Home Oxygen Patients Association



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Volume 11, Number 7

July 2008

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## **Ownership Transfer Repealed & Competitive Bidding Placed on Hold**

H.R. 6331 *Medicare Improvement for Patients and Providers Act of 2008* was recently passed into law. This bill was initially passed by Congress but vetoed by the President. However, the presidential veto was overwhelmingly rejected when Congress voted to override the veto and pass the legislation into law.

This law is important to the oxygen community because it contains language that delays implementation of competitive bidding and repeals the transfer of ownership of oxygen equipment.

The law delays the implementation of the Durable Medical Equipment (DME) competitive acquisition program for eighteen months. In practical terms, that means that Medicare beneficiaries in competitive bidding areas are faced with the choice of remaining with the competitive bidding winner if the beneficiary had already switched suppliers or returning to their original supplier.

The law also repeals the requirement that patients take ownership of their home oxygen equipment after 36 months of continuous use beginning January 1, 2009.

This is a major victory for the oxygen community; however, there is still work to be done. Even though passage of H.R. 6331 has stalled implementation of competitive bidding and oxygen device ownership transfer, the oxygen community still needs to take action with regard to future legislation.

Recently the NHOPA Executive Office and Board members have started receiving feedback from users in areas where competitive bidding was being implemented or were anticipating implementation. On a recent board meeting conference call, several board members and the Executive Office related

stories of oxygen users having difficulty with suppliers. These stories ranged from the supplier being unable to continue providing their current oxygen source or being told to go with another supplier if they are unable or unwilling to change.

As a patient directed organization, NHOPA would like to hear from you, members and oxygen users, regarding issues encountered with the initiation of competitive bidding. Gathering this information will provide NHOPA with documentation to support the views of our members and the oxygen community. In order to process this feedback and utilize this information to its fullest potential, the NHOPA Executive Office needs specific information from persons who may have had trouble with their oxygen supplier and the competitive bidding process. This information needs to include your name, a specific description of the nature of the difficulty, including the supplier, and finally written permission or letter of authorization, for NHOPA to utilize your name and share the information with CMS—The Centers for Medicare and Medicaid Services. A letter of authorization will be available on the NHOPA website or from the NHOPA Executive Office. The person does not have to be a member of NHOPA to provide the information and written permission. You may send information to the Executive Office by e-mail, fax (703.752.4360) or postal mail. Let us hear from you!

As a reminder, if a physician orders a particular modality or device the DME supplier should provide it. However, suppliers may contact the physician regarding the prescription and offer an alternative. If an alternative is not acceptable, the user must find a new supplier who can provide that specific equipment. For example, suppliers are required to supply as much liquid as a patient needs.

## Questions & Answers

**Tony St Amant** asks, "Out here in Butte County, California, we have been experiencing some horribly smoky air for about three weeks as a result of an unprecedented number of wild land fires and a seasonal atmospheric inversion layer. The situation caused me to wonder about the interaction between smoky air and oxygen concentrators. Do concentrators filter the most dangerous smoke particles or do they concentrate them? Is it the same for stationary, portable, and ambulatory models? What about air pollutants in general?"

*Tony, thanks for a great question. NHOPA sent the question to Ron Richard CEO of Sequal Technologies, Inc. Ron states, "Most concentrators have multiple filters in stages designed to filter out pollutants before the room air enters the sieve beds or compressor. Thus the enriched air discharged from the system should have little or no debris – smoke in its content. If the filters are overloaded, though, the following could happen:*

- 1. Low purity alarm should go off indicating clogged filters or contaminated sieve beds – this happens if the concentrator has on board oxygen analysis*
- 2. Discoloration of the oxygen tubing itself – turning brown or black from particles in the compressor being placed inside the tubing*

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The National Home Oxygen Patients Association is devoted exclusively to improving the lives of people across the country who require supplementary oxygen on a regular basis.

*Publication of the NHOPA monthly newsletter is made possible through a generous grant from the American Association for Homecare.*

#### **Executive Committee**

Jon Tiger, President	Wichita, KS
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*or bubbler humidifier*

- 3. The compressors tend to overheat and alarm if they become contaminated with debris due their design and low tolerance to foreign materials mixed in with the metals and lubricants*

*Each device has different filters in their systems. Usually a foam filter acts as the first line of defense and can be replaced easily or hand washed and air-dried. Then there are other filters which usually a dealer can change out (e.g. HEPA or small particle filters) which are disposable and should be routinely checked and replaced when operating a concentrator in smoky or dusty environments. If a patient has been using a device in the area of a fire they should check with the HME and see if they can get the filters changed out – normally the filters last several months but we loaned several Eclipse units to people in San Diego during the fire last year and the filters got very dirty within 1-2 months and needed servicing. [It is] Best for the patient to always call the dealer and inquire about a filter change when exposed to prolonged bouts of smoke or air pollution to insure safe and effective therapy."*

*Ron, thanks for the response!*

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### **Alupent Inhaler to be Discontinued**

Boehringer Ingelheim (BI) Pharmaceuticals recently issued a notice informing the public that Alupent® (metaproterenol sulfate) Metered Dose Inhaler (MDI) will be discontinued once existing supplies available through pharmacies have been exhausted. BI anticipates this occurring as soon as mid-December 2008.

BI states that this decision is based upon their "commitment to Montreal Protocol. It is not based on the safety and effectiveness of the product currently available on the market."

As a reminder, the Montreal Protocol is, according to the BI release, "an international treaty intended to eliminate the use of substances that contribute to the destruction of the stratospheric ozone layer, including products that contain chlorofluorocarbons (CFCs). The

treaty was adopted into US legislation in 1989. Alupent MDI employs CFCs as a propellant.”

If you are currently using an Alupent® MDI, contact your physician regarding any medication changes that you may have to make in the future.

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### **User Member SendsThanks!**

**Frances Elliott, RN**, wrote, “I want to thank NHOPA News and Dan Davis for help in advising what I would need for my fly/cruise tour to Italy and Croatia from New York for 17 days. I rented the Eclipse 2 from Continued Care (my regular oxygen company would not provide it) and the Eclipse 2 worked out great for pulse during the day and continuous at night with my CPAP. The Eclipse 2 was heavy and I was not able to carry it up the steps on the trip or pull it on wheels over cobblestone streets but my husband helped with that.

I purchased oxygen from Delta airlines for \$100 each way because I would have needed to carry about 5 batteries with me and they are heavy so I only took 2 with me. The airline was very helpful with the oxygen but putting the tank under the seat in front caused less room to stretch my feet in a cramped area for 9 and 1/2 hours. The electric converters, prong receptacles etc., and extension cords for Italy were perfect for the 2 days spent in Italy. The ship *Legend of the Seas* had American/US 110 volt electric (Royal Caribbean Lines). The airport never had checked my equipment and never charged the \$25.00 fee for checking it. No one asked for proof of paperwork that my physician had prescribed and signed. Prior to going I had my physician send Delta the required paper work and frequently checked to confirm the oxygen requirement in flight and carry on equipment. Italy was wonderful and beautiful as was Croatia. MANY Thanks again for all the help in making my trip more enjoyable and easy to travel with oxygen needs.”

*Francis, thanks for your feedback on your trip. Our thanks to NHOPA member Dan Davis for his valuable input in making your trip a success. As a reminder, the NHOPA website contains valuable information on traveling with*

*oxygen. Check it out before your next trip at [www.homeoxygen.org](http://www.homeoxygen.org).*

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### **Know Your Medications!**

With all the changes in inhalers due to the impending CFC-free deadline, it is important to review medications that you are taking. Make sure you know what your medications are and what they should be used for. Regarding inhalers, there are two different types:

- *Maintenance or Controller Inhalers* are those inhalers that work over the long-term. They are typically taken on a regular basis such as once to twice a day. These inhalers do not provide instant relief.
- *Rescue or Relief Inhalers* are typically known as fast acting bronchodilators. They provide quick relief for shortness of breath. If you begin to increase your use of your rescue or relief inhaler and/or you are not receiving any relief from your shortness of breath, contact your physician.

If you are unsure of what a medication is used for ask your physician.

### **New Products**

***The following information on new products/companies available on the market is for informational purposes only. NHOPA does not specifically endorse ANY products. Contact your physician for further information regarding your healthcare or the specific company for product information.***

Invacare's **XPO2** is the latest POC on the market. According to Invacare's website, the XPO2 weighs approximately 6 pounds; 7.3 pounds with optional supplemental battery. Dimensions are height - 10", width - 7" and depth - 4". The unit uses pulse dose delivery with settings of 1 through 5. Battery duration is 2.5 hours at setting 2. An optional supplemental battery increases the unit's battery duration to 5 hours. The unit can be operated with AC or DC power. The unit is backed by a 5 year limited warranty on the concentrator and a 1 year limited warranty on the batteries and accessories. Please note: This POC is not currently approved by the FAA for Air Travel. For more information on this unit, go to [www.invacare.com](http://www.invacare.com).

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**A New Year is Arriving!**

It is that time of year again for Elections and the annual NHOPA meeting.

**Election Committee Volunteers** - NHOPA needs volunteers for our Election Committee. This commitment requires a nominal amount of time – approximately 2-hour time commitment between the time the committee is formed and November. This includes phone calls and e-mails. The committee develops and reviews the slate of candidates for the NHOPA ballot to present to the NHOPA Board and ultimately the User Members for voting. Volunteer today by calling the Executive Office at 1-888-646-7244 or by e-mail at [ExecOffice@homeoxygen.org](mailto:ExecOffice@homeoxygen.org).

**User Member Board nominees** - NHOPA needs nominees who want to be involved. There will be 3 open positions on this year's ballot. If you or someone you know would like to be nominated for the Board, please submit in writing (via e-mail or postal mail) name and relevant biographical information to the NHOPA Executive Office. All candidates must be NHOPA oxygen user members to be considered. You may nominate yourself. Send your information today by calling the Executive Office at 1-888-646-7244 or by email at [ExecOffice@homeoxygen.org](mailto:ExecOffice@homeoxygen.org).

**Annual Meeting** – The Annual NHOPA Meeting is just around the corner and we extend an invitation to all our members to join the Executive Office and Board members on the conference call. The meeting will be held on Wednesday, November 12, 2008 at 11 am EST, (8 am PT, 9 am MT, and 10 am CT). If any member wishes to participate or to have an item considered for the agenda for the Board to discuss, notify the Executive Office no later than November 1, 2008 via fax at 703-752-4360, by e-mail at [ExecOffice@homeoxygen.org](mailto:ExecOffice@homeoxygen.org) or by phone at 1-888-646-7244. Participants will be provided with a toll free phone number and access code prior to November 12, 2008.

◆ **For up-to-date information and membership applications go to [www.homeoxygen.org](http://www.homeoxygen.org)** ◆