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News Extras

By *ADVANCE* Staff

Medicare Package Increases Respiratory Health Coverage

The latest update to the Medicare program will increase respiratory health care coverage for beneficiaries by standardizing pulmonary rehabilitation reimbursement and overturning two hotly contested policies.

Congress in late July overrode the presidential veto of the Medicare Improvements for Patients and Providers Act of 2008, introducing nationwide pulmonary rehabilitation standards, repealing the rent-to-own provision that has curtailed home oxygen therapy, and delaying the durable medical equipment competitive bidding program for 18 months, among other items.

The quest to establish pulmonary rehabilitation standards has been a nearly 30-year battle, said Lana Hilling, RCP, FAACVPR. Adding pulmonary rehabilitation reimbursement marks a step toward better health for many patients with chronic obstructive pulmonary disease.

"There is a lot of scientific data that support the efficacy of PR for patients suffering with chronic lung disease, and the lack of reimbursement is keeping many patients from receiving the care that they deserve," said Hilling, pulmonary rehabilitation coordinator of

Mt. Diablo Medical Center in Concord, Calif. "Reimbursement will no longer be a stumbling block to their ability to access a PR program."

While some practitioners celebrate the show of confidence in pulmonary rehabilitation, the delay to the DME competitive bidding program may only add to others' confusion. The program had begun July 1 in 10 areas across the country. It affected long-term oxygen therapy and other equipment. This delay will retroactively reinstate standard DMEPOS fee schedule amounts for items issued after June 30. Beneficiaries will be allowed to continue with their new supplier or choose another supplier. Future rounds will operate on an 18- to 24-month delay.

DME providers who were involved in the second round of competitive bidding will no longer have to meet an accreditation deadline of Jan. 14; however, the Centers for Medicare & Medicaid Services released a statement reaffirming the previously established Sept. 30, 2009 deadline for participants.

"For the majority of providers in the country, (this) was a win," said Jack Hogan, partial owner of Connecticut-based Health Complex. "It was what we wanted to accomplish. Here in Connecticut, we were slated to be in round two, which would have begun very shortly, very soon, and we were concerned about what happened in round one."

While long-term oxygen therapy providers will be monitoring changes to the competitive bidding process in coming months, they also will keep an eye on Medicare's changes to the home oxygen therapy business. This fall, CMS is expected to announce a pay schedule for maintenance and service of long-term oxygen therapy equipment following the 36-month cap.

—*Kristen Ziegler*

RTs Achieve Licensure in Pennsylvania

Respiratory professionals practicing in the Keystone State will operate under a new credential beginning next year.

Pennsylvania Governor Edward G. Rendell signed legislation changing the credential from "certified respiratory care practitioner" to "licensed respiratory therapist."

This is a title change only, emphasized Garry W. Kauffman, RRT, FAARC, MPA, FACHE, chair of the Pennsylvania Society for Respiratory Care Governmental Affairs Committee. "It doesn't change the scope of practice at all."

The new law, however, does increase respiratory therapists' continuing education requirements from 20 to 30 hours. It also mandates that therapists earn one hour each in ethics and safety.

To assist RTs with this change, the PSRC has asked the commonwealth's Board of Medicine to maintain its policy allowing therapists to earn half their credits through non-traditional ways, including web-based courses or reading articles, Kaufman said. "We are adamant about cost-effective education."

For more information, visit the government affairs section of www.prsc.net.

—Kristen Ziegler

New Bill Aims to Increase Pulmonary Fibrosis Research

Efforts to increase research into the fatal lung disease pulmonary fibrosis could be aided by proposed legislation to fund a national patient registry.

Congressmen Brian Baird of Washington and Mike Castle of Delaware in late July introduced a bill that would funnel an estimated \$15 million over the next four years toward the creation of a patient registry and would call for the National Institutes of Health and the Centers for Disease Control and Prevention to create a national PF action plan to step up research efforts.

"We have been a stepchild disease in terms of funding, so this represents a recognition of the seriousness of the situation and, to us, signifies a congressional responsiveness to the idea that this disease will no longer be left behind," said Mishka Michon, chief executive officer of the Coalition for Pulmonary Fibrosis.

The number of people with pulmonary fibrosis is unknown. The Coalition for Pulmonary Fibrosis' conservative estimates place the number around 128,000, but other tallies range as high as 500,000 people, Michon said. Currently, there is no known cause, no treatment approved by the FDA, and no cure for this disease.

This registry would help evaluate suspected disease causes by collecting information such as whether individuals had been exposed to environmental toxins, where they have lived during their lifetime, whether they smoke, what type of medical therapies or procedures they have undergone, and about other health conditions that could be related.

This information would allow researchers to talk about a host of issues including disease progression, different care or therapy options, and ongoing research. It also allows them to speculate about future therapies.

"There is a whole evaluation process that is critical to getting things moving faster," Michon said. "As you may realize, because every patient with PF is going to die, we can't spend too much time talking about it, we have to do it."

—Kristen Ziegler

Top of the Class Winners Announced

ADVANCE conducted its second annual informal email survey and asked readers to nominate which vendors they consider to be "Top of the Class" for various product and service categories in respiratory care and sleep medicine. Here are the winners and the common reasons readers say these companies are elite:

Maquet for mechanical ventilation: "We have called Maquet on several occasions. They take care of us by sending staff to talk to us and give us an in-service on their equipment. The Servo ventilators are top-notch and have never let us down."

Philips Respironics for sleep disorders therapy: "Innovative spirit in ongoing research and development. Commitment to continuing education for staff, and community awareness for patients."

Sleep Strategies for sleep disorders testing and services: "Excellent commitment to quality work. Resourceful and highly knowledgeable in a fast-changing field. On-time punctual service."

Philips for home oxygen therapy: "Always willing to give you support and training on all products. Quality equipment."

Sepracor for asthma therapy (tie): "Supports our department whenever we need them with education and information. Helps with our camp for children with asthma."

Healthline Aerosol Medicine for asthma therapy (tie): "Unique, high-efficiency aerosol delivery devices. Highly responsive to customers' needs and requests."

Covidien/Nellcor for pulse oximetry: "Reliable equipment. Local sales rep is always available."

Cardinal Health/Viasys for pulmonary function testing: "Dependable equipment. Knowledgeable sales staff always available for questions."

Radiometer for blood gas testing: "Easy access to friendly, helpful customer service. Analyzer reliability. Ability to stay on top of technology and update equipment."

FTC Proposes Cigarette Advertising Changes

An abrupt about-face by the Federal Trade Commission drastically could change cigarette marketing.

The FTC in early July proposed rescinding a 40-year-old guideline allowing manufacturers to describe cigarettes as "low tar" or "light" based on tar and nicotine rating determined by the Cambridge Filter Method, sometimes known as the FTC method.

This method uses a robot to uniformly burn cigarettes and then measure tar and nicotine levels released. The FTC had allowed cigarette advertisers to make statements about these results because many public health officials believed standardized information could help consumers make educated decisions.

More recent FTC findings indicate that smokers may alter these tested levels either by unintentionally blocking the cigarette filter's tiny ventilation holes or by taking deeper and more frequent puffs than they would from a typical cigarette.

With this change, "companies would still be allowed to make statements about tar and nicotine testing as long as the advertisement in which the statement appeared is not likely to mislead consumers," FTC spokesman Frank Doman said.

Advertisers who use terms suggesting FTC approval or endorsement of any claims or specific cigarette testing method could face law enforcement action, he added.

A bill currently under congressional consideration would strengthen federal control over cigarette descriptions. S. 625 would give the Food and Drug Administration the authority to regulate tobacco products, restrict marketing, and ban "light," "mild," and "low tar" descriptions. Companion bill H.R. 1108 already has been ratified.

—*Kristen Ziegler*