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For immediate release

Rural Medicare beneficiaries will lose access to home medical equipment on Jan. 1

WATERLOO, Iowa – Medicare beneficiaries, individuals with disabilities and veterans in rural states will have to drive farther to obtain prescribed home medical equipment beginning Jan. 1, 2016.

A recent [study](#) completed by the GeoTree Center at the University of Northern Iowa, Cedar Falls, concluded the rural residents in Montana, North Dakota, Oregon, Washington, West Virginia and Wisconsin will now have to travel further to reach an HME supplier.

The study was the continuation of an earlier study in August that showed similar outcomes for five other rural states. The table of information below derived from both studies summarizes the details of HME coverage following the reimbursement cuts.

Medicare Beneficiary Access to HME By State				
	Avg Distance to HME - Rural (miles)	Avg Distance to HME - Urban (miles)	# of People Served by HME Supplier	Sq Miles per HME Supplier
Idaho	52	7	24,924	3,683
Kansas	31	7	19,790	2,490
Montana	39	None	13,730	4,846
Nebraska	41	4	20,743	2,988
North Dakota	53	None	29,488	6,171
Oregon	55	6	33,456	3,936
South Dakota	61	None	22,248	5,044
Utah	43	5	16,662	4,859
Washington	73	5	45,156	2,471
West Virginia	22	8	31,123	725
Wisconsin	30	4	58,370	1,863

The release of the study comes just as members of the U.S. Senate and House weigh legislation that would grant relief to hundreds of providers in rural areas expecting reimbursement cuts of up to 45 percent on Jan. 1. The cuts scheduled are the continuation of the phased Medicare DMEPOS Competitive Bidding program that has been criticized widely for using [flawed bidding procedures](#), resulting in widespread business closures since 2007. In this phase, competitively bid rates in urban areas will be expanded to rural ones.

“HME suppliers in rural areas contend with different business challenges such as the cost of delivery and smaller patient volume that are not accounted for in this across the board cut,” said John Gallagher, vice president-government relations, for VGM Group, Inc., which commissioned the study. “Businesses will be put in dire situations, forcing coverage reduction or even closures. Naturally, when there are fewer providers, patient access suffers, hospital discharges are delayed, which costs the government more money.”

In the past six years, there has been a 17 percent reduction of suppliers throughout the U.S., a direct result of the competitive bidding program.

Medicare beneficiaries and their HME suppliers are holding out that S. 2312, the DME Access and Stabilization Act of 2015 and H.R. 4185, the Protecting Access through Competitive Pricing Transition Act of 2015 will be included in the 2015 Omnibus Spending packages, set for vote next week.

“It’s urgent that people in rural states speak out to their elected officials to stop the expansion of the Medicare competitive bidding program that will devastate rural health care,” said Gallagher.

See Graphics Below

Study Links:

[Accessibility in Rural and Urban Areas: Nebraska, Idaho, Kansas, Utah and South Dakota](#)

[Travel Distance Study for Rural/Competitive Bid Area/Neither Rural nor CBA Census Tracts to Hospitals and Home Medical Equipment Suppliers: Montana, North Dakota, Oregon, Washington, West Virginia, Wisconsin](#)

Editor's note: The Geoinformatics Training, Research, Education and Extension Center at the University of Northern Iowa has extensive experience in the application of geospatial technologies to a range of issues for a variety of environmental, social, economic, governmental and other societal entities.

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Note to editors: To read more about how seniors and people with disabilities have lost access to medical equipment and suppliers after the implementation of the Medicare competitive bidding program, visit www.dearmedicare.com