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## NATIONAL RURAL HEALTH ASSOCIATION

The Honorable Charles Rangel  
United States House of Representatives  
1102 Longworth House Office Building,  
Washington, DC 20515

The Honorable Dave Camp  
United States House of Representatives  
1139-E Longworth House Office Building  
Washington, DC 20515

May 26, 2009

Dear Chairman Rangel and Ranking Member Camp:

The National Rural Health Association is pleased to endorse two key legislative initiatives aimed at protecting patients' access to diabetes test supplies and other vital Medicare Part B Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) and related services. The bills would allow community pharmacists to continue to serve their Medicare patients with diabetes by removing potential new barriers to pharmacists' participation in the Medicare program.

Community pharmacies are a major source of prescription medications and other health care products and services, such as DME, to Medicare beneficiaries. The loss of pharmacy participation in the program would force many beneficiaries to have to travel longer distances and to more locations to obtain not only their DMEPOS, but also their Medicaid and their Part B and Part D prescription needs. In particular, we support the following bills:

- *The Access to Durable Medical Equipment Act*, H.R. 616, would protect patients' access to Part B DMEPOS by conditionally exempting community pharmacies and pharmacists from CMS' accreditation requirement, as CMS has done for 17 other types of state-licensed medical providers. Community pharmacists are already subject to oversight and regulation, both as state-licensed medical professionals and as state-licensed businesses. CMS's accreditation requirement is redundant and could force many community pharmacies to discontinue providing Part B DMEPOS and related services to their patients.
- *The Preserve Patient Access to Reputable DMEPOS Providers Act of 2009*, H.R. 1970, would exempt community pharmacies from having to obtain a \$50,000 surety bond, as it has done for 14 other types of state-licensed medical providers. Because there is little evidence of pharmacy fraud in the Medicare Part B DME program, the need to obtain a bond seems like an unnecessary cost for community retail pharmacies.

Taken together, these two new requirements will make passage of H.R. 616 and H.R. 1970 critical if patients are to have continued access to quality health care. We are pleased to offer this endorsement of these legislative efforts and look forward to our continued work together.

The National Rural Health Association is dedicated to ensuring rural Americans have access to quality health care, including the vital role community pharmacies play in delivering DMEPOS. Misguided federal policies should not threaten the community pharmacists' ability to remain in business, nor should patients' health be put at risk.

Sincerely,

A handwritten signature in black ink, appearing to read "Alan Morgan", is written over a light blue circular stamp.

Alan Morgan  
Chief Executive Officer