



The Patient Risks of Competitive Bidding for Ostomy and Urological Supplies

Background – In November 2025, the Centers for Medicare and Medicaid Services (“CMS”) released a Final Rule (CMS-1828-P) stating that CMS will, for the first time, include urological and ostomy supplies in the Medicare Competitive Bidding Program (“CBP”). CMS also stated it will include urological and ostomy supplies in a national “remote item delivery” (“RID”) CBP, resulting in only eight DME suppliers to provide ostomy supplies, and seven DME suppliers to provide urological supplies to all beneficiaries across the country.

The Issue – Competitive bidding may be appropriate for standardized, interchangeable medical products such as a walker or knee brace, but not appropriate for clinically prescribed, intimate, and highly individualized medical necessities that are essential to health, dignity, and independence for millions of people with disabilities and chronic conditions. Subjecting ostomy and urological patients to the lowest bidder jeopardizes patient health, increases unnecessary long-term Medicare costs, and undermines independence for people with disabilities and complex medical needs. Policymakers should reject this approach and protect patients’ access to medically necessary, individualized care.

Who is Affected – Ostomy and urological supplies are relied upon by individuals with spinal cord injury, Spina Bifida, stroke, cancer and cancer-related surgeries, and congenital and acquired bladder and bowel disorders such as Inflammatory Bowel Disease (IBD). Disruptions in access will disproportionately harm Medicare beneficiaries with complex medical needs who depend on consistent access to specific products and supplier support.

Why Competitive Bidding is Dangerous in this Context

Ostomy and urological supplies are not interchangeable commodities. Fit, materials, adhesives, and product design vary widely across brands and product lines, and these differences are clinically significant. Small changes in a patient’s supplies can result in leakage, peristomal skin breakdown, infections, pain, and loss of function. Competitive bidding often forces product substitution based on price rather than clinical need, undermining individualized care and destabilizing patients who rely on consistency to manage their conditions safely.

These forced substitutions pose serious threats to patient health and safety. Inappropriate or lower-quality supplies increase the risk of urinary tract infections, skin complications, pressure injuries, and, in severe cases, sepsis. When these complications occur, patients frequently require physician intervention, emergency department visits, or inpatient hospital care. Further disability and even premature death are potential outcomes. As a result, competitive bidding may worsen outcomes while driving higher overall Medicare spending.

Competitive bidding also erodes patient choice and continuity of care, particularly through a remote item delivery system. By restricting brand availability and limiting access to trusted, community-based suppliers, the program disrupts long-standing patient-supplier relationships. Many consumers depend on ongoing education, fitting assistance, and responsive troubleshooting—supports that are critical for safe use and long-term health but are not compatible with lowest-cost, volume-based distribution models.

Finally, competitive bidding creates the illusion of savings while increasing downstream costs. Short-term reductions in provider payments ignore the medical costs associated with preventable complications and care disruptions. Any apparent savings are likely offset by increased utilization of physician services, home health care, emergency treatment, and hospitalizations when complications occur—undermining both patient outcomes and Medicare’s long-term fiscal goals.

We Ask Congress To:

- ✓ Call Dr. Oz and CMS. Request that they stop proceeding with inclusion of ostomy and urological supplies in the Medicare CBP to protect patient access and safety.