



October 12, 2026

SUBMITTED ELECTRONICALLY

The Honorable Greg Murphy
U.S. House of Representatives
c/o Hannah King
407 Cannon House Office Building
Washington, DC 20515

The Honorable Brad Schneider
U.S. House of Representatives
c/o Julia Brunner
300 Cannon House Office Building
Washington, DC 20515

RE: ITEM Coalition Support for H.R. 10787, the Access to Medical Supplies Act

Dear Representatives Murphy and Schneider:

On behalf of the undersigned members of the **Independence Through Enhancement of Medicare and Medicaid (“ITEM”) Coalition**, we write to commend you for your leadership in introducing H.R. 10787, the *Access to Medical Supplies Act*, in the 119th Congress. The ITEM Coalition strongly supports this bipartisan legislation, which would exclude ostomy and urological supplies from Medicare’s competitive bidding program for five years while directing the Centers for Medicare and Medicaid Services (“CMS”) to undertake a more comprehensive evaluation of the impact such policies could have on beneficiary access, quality of care, and patient outcomes.

The ITEM Coalition is a national consumer- and clinician-led coalition advocating for access to and coverage of assistive devices, technologies, and related services for persons with injuries, illnesses, disabilities, and chronic conditions of all ages. Our members represent individuals with a wide range of disabling conditions, as well as the providers who serve them, including spinal cord injury, brain injury, stroke, paralysis, spina bifida, cerebral palsy, limb loss and limb impairment, multiple sclerosis, hearing, speech, and visual impairments, myositis, and other life-altering conditions.

The application of Medicare competitive bidding policies to ostomy and urological supplies presents substantial risks to beneficiary access, continuity of care, health outcomes, and quality of life for beneficiaries who use these medically necessary products daily to maintain their health and function. Unlike standardized commodities, these products are highly individualized medical supplies that must be selected based on a beneficiary’s anatomy, medical condition, skin integrity, dexterity, caregiver support, and other clinical considerations. Beneficiaries often work closely with clinicians and suppliers over extended periods of time to identify products that effectively manage their medical conditions and avoid serious complications. Even seemingly minor product substitutions can result in increased risk of infections, skin breakdown, leakage, device failure, avoidable emergency department utilization, and unnecessary hospitalization.

We are particularly concerned that competitive bidding policies could incentivize suppliers to limit product selection, steer beneficiaries toward lower-cost alternatives, or otherwise reduce access to the specific products prescribed by clinicians and relied upon successfully by beneficiaries. These concerns are not theoretical. These negative outcomes occurred under earlier iterations of competitive bidding for other products. Such disruptions would be especially harmful for individuals with significant disabilities, spinal cord injuries, neuromuscular diseases, congenital conditions, cancer, and other complex medical needs who depend on these products every day to maintain health, independence, employment, and community integration.

The ITEM Coalition strongly supports the legislation's recognition that additional safeguards and analysis are necessary before CMS proceeds with any competitive bidding policies involving these product categories. Specifically, we support the requirement in the bill that CMS convene a technical expert panel representing beneficiaries, caregivers, clinicians, manufacturers, suppliers, and reimbursement experts to evaluate the implications of competitive bidding and recommend appropriate beneficiary protections. The ITEM Coalition also supports the establishment of a demonstration project to assess whether beneficiaries can maintain access to the same medically necessary products without adverse impacts on outcomes or quality of care.

Importantly, the legislation appropriately recognizes that beneficiaries should not be pressured or incentivized to switch away from products selected by their clinicians and currently meeting their medical needs. Protecting continuity of care and preserving access to clinically appropriate products must remain central considerations in any future Medicare policy involving these supplies.

For these reasons, the ITEM Coalition strongly supports this bipartisan legislation, and we commend your leadership in advancing a bill that prioritizes Medicare beneficiary health, safety, and independence. We look forward to working with you and your colleagues in the House to advance enactment of the Access to Medical Supplies Act as expeditiously as possible in the 119th Congress.

Should you have any further questions, please contact Peter Thomas or Michael Barnett, ITEM Coalition coordinators, at Peter.Thomas@PowersLaw.com and Michael.Barnett@PowersLaw.com or by phone at 202-466-6550.

Sincerely,

The Undersigned Members of the ITEM Coalition

Access Ready, Inc.
ACCSES
AG Bell Association for the Deaf and Hard of Hearing
All Wheels Up
ALS Association*

American Association for Homecare
American Association on Health and Disability
American Congress of Rehabilitation Medicine
American Macular Degeneration Foundation
Association of Rehabilitation Nurses
Autistic Women & Nonbinary Network
Center on Aging and DIS-Ability Policy
Christopher & Dana Reeve Foundation*
Clinician Task Force
The Institute for Matching Person and Technology
International Registry of Rehabilitation Technology Suppliers (iNRRTS)
Lakeshore Foundation
Long Island Center for Independent Living (LICIL)
Muscular Dystrophy Association
National Disability Rights Network (NDRN)
NCART
RESNA
Rifton Equipment
Spina Bifida Association*
United Ostomy Associations of America, Inc.
Unite 2 Fight Paralysis
United Spinal Association*
The Viscardi Center

****Member of the ITEM Coalition Steering Committee***