

118TH CONGRESS
2D SESSION

S. _____

To amend title XVIII of the Social Security Act to improve the payment method for oxygen and oxygen related equipment, supplies, and services, to increase beneficiary access to oxygen and oxygen related equipment, supplies, and services, and for other purposes.

IN THE SENATE OF THE UNITED STATES

Mr. CASSIDY introduced the following bill; which was read twice and referred to the Committee on _____

A BILL

To amend title XVIII of the Social Security Act to improve the payment method for oxygen and oxygen related equipment, supplies, and services, to increase beneficiary access to oxygen and oxygen related equipment, supplies, and services, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Supplemental Oxygen Access Reform Act of 2024” or the
6 “SOAR Act of 2024”.

1 (b) TABLE OF CONTENTS.—The table of contents for
 2 this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—PROTECT BENEFICIARY ACCESS TO SUPPLEMENTAL
 OXYGEN THERAPY IN THE HOME AND COMMUNITY

Sec. 101. Reform of the Medicare supplemental oxygen benefit.

Sec. 102. Establishment of supplemental oxygen responsibilities criteria.

Sec. 103. Technical corrections.

TITLE II—PROTECTING BENEFICIARY ACCESS TO RESPIRATORY
 THERAPISTS

Sec. 201. Reimbursement for respiratory therapists.

TITLE III—ADOPTION OF ELECTRONIC TEMPLATES

Sec. 301. Use of electronic templates to document medical necessity and restoring clinical inference for oxygen and oxygen related equipment, supplies, and services

TITLE IV—ESTABLISHMENT OF BENEFICIARY RIGHTS

Sec. 401. Establishing protections for individuals receiving oxygen or oxygen related equipment, supplies, or services.

3 **TITLE I—PROTECT BENE-**
 4 **FICIARY ACCESS TO SUPPLE-**
 5 **MENTAL OXYGEN THERAPY**
 6 **IN THE HOME AND COMMU-**
 7 **NITY**

8 **SEC. 101. REFORM OF THE MEDICARE SUPPLEMENTAL OX-**
 9 **YGEN BENEFIT.**

10 (a) REMOVING OXYGEN AND OXYGEN RELATED
 11 EQUIPMENT, SUPPLIES, AND SERVICES FROM COMPETI-
 12 TIVE ACQUISITION PROGRAM TO IMPROVE PATIENT AC-
 13 CESS TO SUPPLEMENTAL OXYGEN THERAPY.—Section
 14 1847(a)(3) of the Social Security Act (42 U.S.C. 1395w-
 15 3(a)(3)) is amended by—

1 (1) inserting “AND EXCLUSION” after “EXCEP-
2 TION AUTHORITY”;

3 (2) by redesignating subparagraphs (A) and
4 (B) as clauses (i) and (ii), respectively, and moving
5 such clauses as so redesignated 2 ems to the right;

6 (3) by striking “In carrying out” and inserting
7 the following:

8 “(A) IN GENERAL.—In carrying out”; and

9 (4) by adding at the end the following new sub-
10 paragraph:

11 “(B) EXCLUSION OF OXYGEN, AND OXY-
12 GEN RELATED EQUIPMENT, SUPPLIES, AND
13 SERVICES.—Beginning on or after January 1,
14 2025, the Secretary shall exclude oxygen and
15 oxygen related equipment, supplies, and services
16 from the competitive acquisition program under
17 this section and payment for oxygen and oxygen
18 related equipment, supplies, and services shall
19 be made as prescribed under subparagraphs
20 (E), (F), and (H) of section 1834(a)(9).”.

21 (b) ESTABLISHING ADEQUATE PAYMENT FOR OXY-
22 GEN AND OXYGEN RELATED EQUIPMENT, SUPPLIES, AND
23 SERVICES.—Section 1834(a)(9) of the Social Security Act
24 (42 U.S.C. 1395m(a)(9)) is amended—

1 (1) in the first sentence of the matter preceding
2 subparagraph (A), by inserting the following before
3 the period: “(for oxygen and oxygen equipment fur-
4 nished before January 1, 2025) or the amount de-
5 termined under subparagraph (E), subject to sub-
6 paragraphs (F), (G), and (H) (for oxygen and oxy-
7 gen related equipment, supplies, and services fur-
8 nished on or after January 1, 2025);”;

9 (2) by adding at the end the following:

10 “(E) PAYMENT FOR OXYGEN AND OXYGEN
11 RELATED EQUIPMENT, SUPPLIES, AND SERV-
12 ICES EXCLUDED FROM COMPETITIVE ACQUISI-
13 TION PROGRAM.—Subject to subparagraphs
14 (F), (G), and (H) in the case of oxygen and ox-
15 ygen related equipment, supplies, and services
16 furnished on or after January 1, 2025,—

17 “(i) in areas that are competitive bid-
18 ding areas in which a competitive bidding
19 program is implemented for other covered
20 items, the payment amount is equal to—

21 “(I) for 2025, the fee schedule
22 amounts for the area for items and
23 services in effect on December 31,
24 2024; and

1 “(II) for each subsequent year,
2 the amount determined under this
3 clause for the preceding year, in-
4 creased by the percentage increase in
5 the consumer price index for all urban
6 consumers (United States city aver-
7 age) for the 12-month period ending
8 on December 31 of the previous year;
9 “(ii) in rural areas and non-contig-
10 uous areas (Alaska, Hawaii, and U.S. ter-
11 ritories), the payment amount is equal
12 to—

13 “(I) 50 percent of 110 percent of
14 the national average price for the item
15 or service determined under section
16 414.210 (g)(1)(ii) of title 42, Code of
17 Federal Regulations; and

18 “(II) 50 percent of—

19 “(aa) for 2025, the fee
20 schedule amount for the area in
21 effect on December 31, 2024;
22 and

23 “(bb) for each subsequent
24 year, the amount determined
25 under this subclause for the pre-

1 ceding year, increased by the per-
2 centage increase in the consumer
3 price index for all urban con-
4 sumers (United States city aver-
5 age) for the 12-month period
6 ending on December 31 of the
7 previous year; and

8 “(iii) in areas other than those de-
9 scribed in clauses (i) and (ii), the payment
10 amount is equal to the sum of 75 percent
11 of the adjusted payment amount estab-
12 lished under clause (i) and 25 percent of
13 the unadjusted fee schedule amount other-
14 wise determined without taking into ac-
15 count this subparagraph.

16 “(F) SPECIAL RULE FOR LIQUID OXY-
17 GEN.—

18 “(i) PAYMENT.—

19 “(I) IN GENERAL.—In lieu of the
20 volume adjustment established under
21 paragraph (5)(C), not later than Jan-
22 uary 1, 2025, the Secretary in con-
23 sultation with suppliers, manufactur-
24 ers, patients and patient advocates,
25 and physicians, and through notice-

1 and-comment rulemaking, shall estab-
2 lish a separate payment amount that
3 meets the requirements of this sub-
4 paragraph made to a supplier for the
5 provision of liquid oxygen and liquid
6 oxygen related equipment, supplies,
7 and services that meets the require-
8 ments described in subparagraph (G).

9 “(II) PAYMENT FLOOR.—The
10 payment amount established under
11 subclause (I) may not be less than an
12 amount equal to 200 percent of the
13 2015 Durable Medical Equipment,
14 Prosthetics/Orthotics & Supplies Fee
15 Schedule updated by the consumer
16 price index for all urban consumers
17 (United States city average) for years
18 2016 through 2024.

19 “(III) UPDATE MECHANISM.—
20 Beginning on January 1, 2026, the
21 payment amount described in sub-
22 clause (I) shall be increased annually
23 by the projected percentage increase
24 in the consumer price index for all
25 urban consumers (United States city

1 average) for the 12-month period end-
2 ing December 31 of the previous year.

3 “(ii) CONSIDERATIONS.—In imple-
4 menting the payment amount under this
5 subparagraph, the Secretary shall take into
6 account the cost of liquid oxygen on a per
7 pound basis, the cost of liquid oxygen
8 equipment, the infrastructure costs associ-
9 ated with providing liquid oxygen equip-
10 ment and supplies (including labor, stor-
11 age, transportation, maintenance, and
12 similar costs), the cost of complying with
13 Federal and State regulations specific to
14 the delivery and transportation of liquid
15 oxygen, and any other cost factors the Sec-
16 retary deems appropriate after consulting
17 with stakeholders such as suppliers, pro-
18 viders, patients and patient advocates, and
19 manufacturers.

20 “(iii) MONTHLY ADD-ON FOR HIGH-
21 FLOW PATIENTS.—

22 “(I) IN GENERAL.—Subject to
23 subclause (II), the Secretary shall es-
24 tablish a non-budget neutral add-on to
25 the payment amount under clause (i)

1 when the prescribing practitioner or-
2 ders an oxygen flow rate equal to or
3 greater than 6 liters per minute.

4 “(II) ADD-ON AMOUNT.—The
5 add-on amount shall equal the per
6 pound cost of the oxygen exceeding
7 the amount required to provide a liter
8 flow that is equal to or greater than
9 6 liters per minute.

10 “(iv) PERIODIC ASSESSMENT OF THE
11 BASE RATE.—The Secretary shall assess at
12 least once every 3 years the adequacy of
13 the payment amounts under this subpara-
14 graph on a cost-related basis or other eco-
15 nomical and equitable basis.

16 “(v) TRANSITIONAL INTERIM PAY-
17 MENT.—

18 “(I) IN GENERAL.—For items
19 and services furnished on or after the
20 date of the enactment of the SOAR
21 Act of 2024 and prior to the imple-
22 mentation of the payment amount es-
23 tablished under this subparagraph,
24 the Secretary shall adopt a transi-
25 tional interim payment amount for

1 liquid oxygen, and liquid oxygen
2 equipment, supplies, and services in
3 an amount equal to 200 percent of
4 the 2015 Durable Medical Equipment,
5 Prosthetics/Orthotics & Supplies Fee
6 Schedule updated by the consumer
7 price index for all urban consumers
8 (United States city average) for years
9 2016 through 2024.

10 “(II) UPDATE.—This amount
11 shall be updated annually by the pro-
12 jected percentage change in the con-
13 sumer price index for all urban con-
14 sumers (United States city average)
15 for the 12-month period ending on
16 December 31 of the previous year,
17 until the Secretary implements the
18 payment amount under this subpara-
19 graph.

20 “(vi) COVERAGE CRITERIA.—

21 “(I) IN GENERAL.—Not later
22 than January 1, 2025, the Secretary,
23 in consultation with stakeholders,
24 shall establish objective clinical cri-
25 teria for the coverage of liquid oxygen,

1 and liquid oxygen equipment, supplies,
2 and services under this title.

3 “(II) UPDATE OF CRITERIA.—
4 The Secretary shall review and update
5 the coverage standards under this
6 clause every 5 years to ensure the
7 standards take into consideration cur-
8 rent medical and clinical guidelines
9 and take into effect modality in order
10 to maximize beneficiary independ-
11 ence.”.

12 **SEC. 102. ESTABLISHMENT OF SUPPLEMENTAL OXYGEN RE-**
13 **SPONSIBILITIES CRITERIA.**

14 (a) IN GENERAL.—1834(a)(9) of the Social Security
15 Act (42 U.S.C. 1395m(a)(9)), as amended by section
16 101(b), is further amended by inserting the following new
17 subparagraph:

18 “(G) OXYGEN AND OXYGEN RELATED
19 EQUIPMENT, SUPPLIES, AND SERVICES.—In
20 consultation with stakeholders, the Secretary
21 shall define the scope of services a supplier of
22 oxygen and oxygen related equipment, supplies,
23 and services must provide to receive payment
24 under this part, to include—

1 “(i) conducting an initial evaluation of
2 the beneficiary using the uniform oxygen
3 patient evaluation form described in para-
4 graph (5)(G) to determine the appropriate
5 use of oxygen and oxygen related equip-
6 ment, supplies, and services by the bene-
7 ficiary, including the use of portable equip-
8 ment;

9 “(ii) ensuring the beneficiary has ap-
10 propriate access to portable oxygen, and
11 portable oxygen equipment, supplies, and
12 services based on the mobility needs of the
13 beneficiary, including the needs of the ben-
14 eficiary outside the home of the bene-
15 ficiary;

16 “(iii) providing written and verbal
17 beneficiary and caregiver education regard-
18 ing oxygen and oxygen related equipment,
19 supplies, and services, stationary and port-
20 able options, and oxygen safety, which in-
21 cludes evaluating the environment of the
22 beneficiary for safety risks or hazards,
23 such as fire and fall hazards;

24 “(iv) providing appropriate delivery,
25 set-up, and coordination of oxygen services

1 (including the delivery of any oxygen
2 equipment or supplies to a beneficiary
3 prior to such beneficiary being discharged,
4 delivering such equipment, and setting up
5 the equipment), as needed, in a timely
6 manner as agreed upon by the beneficiary
7 or caregiver, supplier, and prescribing
8 practitioner;

9 “(v) evaluating the ability of the bene-
10 ficiary to operate the equipment safely and
11 effectively;

12 “(vi) providing infection control infor-
13 mation and instructions about all equip-
14 ment and supplies;

15 “(vii) providing equipment-related
16 services, including checking oxygen system
17 purity levels and flow rates, changing and
18 cleaning filters, and assuring the integrity
19 of alarms and back-up systems, consistent
20 with the manufacturer specifications and
21 in accordance with all Federal, State, and
22 local laws and regulations;

23 “(viii) monitoring visits when nec-
24 essary by appropriate personnel, including
25 a respiratory therapist to evaluate all as-

1 pects of the services being provided to the
2 beneficiary by the provider;

3 “(ix) documenting exception reporting
4 by the supplier to the prescribing physician
5 when changes occur in the compliance of
6 the beneficiary with the beneficiary’s plan
7 of care;

8 “(x) providing, as needed, continued
9 education to the beneficiary or caregiver
10 regarding appropriate oxygen equipment
11 maintenance practices and performance;

12 “(xi) providing, as prescribed by the
13 plan of care of the prescribing practitioner,
14 appropriate oxygen and oxygen related
15 equipment, supplies, and services (includ-
16 ing supplemental supplies and emergency
17 oxygen back-ups as appropriate);

18 “(xii) ensuring oxygen and oxygen
19 equipment can be used appropriately out-
20 side the home of a beneficiary based on ne-
21 cessity;

22 “(xiii) providing 24-hour on-call cov-
23 erage to respond to beneficiary needs relat-
24 ing to oxygen and oxygen related equip-
25 ment, supplies, and services; and

1 “(xiv) assisting the beneficiary with
2 the coordination of oxygen and oxygen re-
3 lated equipment, supplies, and services, in-
4 cluding by assisting the beneficiary find a
5 different supplier if the beneficiary tempo-
6 rarily travels outside of the service area of
7 the supplier. If the beneficiary relocates
8 permanently, the new supplier caring for
9 the beneficiary will assume responsibility
10 for billing the Medicare program directly.”.

11 (b) EFFECTIVE DATE.—The amendment made by
12 this section shall take effect on the date that is 1 year
13 after the date of enactment of this Act.

14 **SEC. 103. TECHNICAL CORRECTIONS.**

15 Section 1861(n) is amended by striking “iron lungs,
16 oxygen tents” and inserting “oxygen and oxygen related
17 equipment, supplies, and services”.

18 **TITLE II—PROTECTING BENE-**
19 **FICIARY ACCESS TO RES-**
20 **PIRATORY THERAPISTS**

21 **SEC. 201. REIMBURSEMENT FOR RESPIRATORY THERA-**
22 **PISTS.**

23 (a) PROTECTING ACCESS TO RESPIRATORY THERA-
24 PIST SERVICES.—

1 (1) ADDING RESPIRATORY THERAPIST SERV-
2 ICES TO THE DEFINITION OF MEDICAL AND OTHER
3 HEALTH SERVICES.—Section 1861(s)(2) of the So-
4 cial Security Act (42 U.S.C. 1395x(s)(2)) is amend-
5 ed—

6 (A) in subparagraph (JJ), by inserting
7 “and” after the semicolon; and

8 (B) by adding at the end the following new
9 subparagraph:

10 “(KK) respiratory therapist services (as
11 defined in subsection (nnn)) furnished on or
12 after January 1, 2025.”.

13 (2) DEFINITION OF RESPIRATORY THERAPIST
14 SERVICES.—Section 1861 of the Social Security Act
15 (42 U.S.C. 1395x) is amended by adding at the end
16 the following new subsection:

17 “(nnn) RESPIRATORY THERAPIST SERVICES.—The
18 term ‘respiratory therapist services’ means services per-
19 formed by a respiratory therapist within the scope of prac-
20 tice of a respiratory therapist as defined by State law, reg-
21 ulations, and applicable accreditation standards for the as-
22 sessment, treatment, and monitoring of patients requiring
23 oxygen and oxygen related equipment, supplies, or serv-
24 ices.”.

1 (b) ADD-ON PAYMENT ADJUSTMENT.—Section
2 1834(a)(9) of the Social Security Act (42 U.S.C.
3 1395m(a)(9)), as amended by sections 101(b) and 102(a),
4 is further amended by adding at the end the following new
5 subparagraph:

6 “(H) MONTHLY PAYMENT ADD-ON AD-
7 JUSTMENT FOR RESPIRATORY THERAPIST SERV-
8 ICES.—For respiratory therapist services fur-
9 nished on or after January 1, 2025, the Sec-
10 retary shall implement through notice and com-
11 ment rulemaking and in consultation with
12 stakeholders a non-budget neutral add-on pay-
13 ment adjustment to the payment amount estab-
14 lished under this paragraph that reflects the
15 cost of providing respiratory therapist services
16 as clinically appropriate under State law.”.

17 **TITLE III—ADOPTION OF**
18 **ELECTRONIC TEMPLATES**

19 **SEC. 301. USE OF ELECTRONIC TEMPLATES TO DOCUMENT**
20 **MEDICAL NECESSITY AND RESTORING CLIN-**
21 **ICAL INFERENCE FOR OXYGEN AND OXYGEN**
22 **RELATED EQUIPMENT, SUPPLIES, AND SERV-**
23 **ICES.**

24 (a) ADOPTING ELECTRONIC TEMPLATES FOR DE-
25 TERMINING MEDICAL NECESSITY.—Section 1834(a)(5) of

1 the Social Security Act (42 U.S.C. 1395m(a)(5)) is
2 amended by adding at the end the following:

3 “(G) ADOPTION OF ELECTRONIC TEM-
4 PLATES TO DOCUMENT MEDICAL NECESSITY.—

5 “(i) IN GENERAL.—For any oxygen
6 and oxygen related equipment, supplies or
7 service, including liquid oxygen, furnished
8 on or after January 1, 2025, the Secretary
9 shall adopt a template in an electronic for-
10 mat that meets the requirements of clause
11 (ii) to be completed by the prescribing
12 practitioner (as defined by the Secretary)
13 that shall constitute the complete request
14 for information to determine whether pay-
15 ment for such service, equipment, or sup-
16 plies is covered by this title and is reason-
17 able and necessary for the diagnosis or
18 treatment of illness or injury (under sec-
19 tion 1862(a)(1)(A)).

20 “(ii) TEMPLATE REQUIREMENTS.—
21 The template shall require the prescribing
22 practitioner to provide each of the fol-
23 lowing:

24 “(I) Documentation that the ben-
25 eficiary was seen by a prescribing

1 practitioner within the appropriate
2 timeframes for certification of the
3 need for the services, equipment, or
4 supplies.

5 “(II) Documentation of the quali-
6 fying blood gas or saturation test re-
7 sults.

8 “(III) Documentation indicating
9 that the beneficiary needs or is using
10 the appropriate equipment, supplies,
11 and services.

12 “(IV) Any other documentation
13 determined appropriate by the Sec-
14 retary, except the Secretary shall not
15 require the prescribing practitioner to
16 provide medical record notes regard-
17 ing the beneficiary.

18 “(iii) CONTRACTOR ADJUDICATION.—
19 The Secretary shall require Medicare ad-
20 ministrative contractors to adjudicate
21 claims for payment for oxygen and oxygen
22 related equipment, supplies, and services
23 using electronic transactions.

24 “(H) RESTORATION OF CLINICAL INFER-
25 ENCE AND JUDGMENT.—For claims submitted

1 on or after the date of enactment of this sub-
2 paragraph with respect to the conduct of pay-
3 ment audits of suppliers of oxygen and oxygen
4 related equipment, supplies, and services under
5 this part the Secretary shall use clinical infer-
6 ence and clinical judgment in the evaluation of
7 templates, medical records, and orders when
8 conducting such audits in the same manner as
9 the Secretary interpreted and applied such clin-
10 ical judgment to claim reviews before 2009 pur-
11 suant to the Secretary’s instruction to contrac-
12 tors.”.

13 **TITLE IV—ESTABLISHMENT OF**
14 **BENEFICIARY RIGHTS**

15 **SEC. 401. ESTABLISHING PROTECTIONS FOR INDIVIDUALS**
16 **RECEIVING OXYGEN OR OXYGEN RELATED**
17 **EQUIPMENT, SUPPLIES, OR SERVICES.**

18 Section 1834(a)(5) of the Social Security Act (42
19 U.S.C. 1395m(a)(5)), as amended by section 301, is fur-
20 ther amended by adding at the end the following new sub-
21 paragraph:

22 “(I) ESTABLISHING PROTECTIONS FOR IN-
23 DIVIDUALS RECEIVING OXYGEN OR OXYGEN RE-
24 LATED EQUIPMENT, SUPPLIES, OR SERVICES.—

25 The Secretary shall establish through regulation

1 protections for any individual receiving oxygen
2 or oxygen related equipment, supplies, or serv-
3 ices under this part where such individual shall
4 have the right to—

5 “(i) choose the local supplier of such
6 services from among qualified suppliers
7 and to change such supplier;

8 “(ii) receive communications from the
9 supplier in a clear and understandable
10 manner;

11 “(iii) ensure privacy and confiden-
12 tiality in all aspects of treatment and the
13 personal health information of such indi-
14 vidual consistent with Federal and State
15 laws;

16 “(iv) be informed by the supplier of
17 such services about all aspects of the serv-
18 ices being furnished by such supplier and
19 be informed of the right to refuse treat-
20 ment, to discontinue treatment, and to
21 refuse to participate in experimental re-
22 search;

23 “(v) be informed by the supplier of
24 policies and expectations of the supplier re-

1 garding patient conduct and responsibil-
2 ities;

3 “vi) be informed by the supplier
4 about treatment modalities and categories
5 of equipment relating to oxygen services
6 for use by the individual and offered by the
7 supplier;

8 “vii) be informed by the supplier of
9 the policies of such supplier regarding 24-
10 hour on-call coverage;

11 “viii) be informed by the supplier of
12 the financial responsibilities of the indi-
13 vidual with regard to such services;

14 “ix) be provided with the appropriate
15 gaseous or liquid oxygen equipment, sup-
16 plies, and services to ensure the mobility of
17 the beneficiary, as well as the clinically ap-
18 propriate amount of oxygen and oxygen re-
19 lated equipment, supplies, and services as
20 agreed upon by the individual (or the indi-
21 vidual’s representative), the supplier, and
22 the prescribing practitioner;

23 “x) receive equipment that is main-
24 tained to the guidelines of the manufac-
25 turer.

1 “(xi) have broken or faulty equipment
2 repaired or replaced in a timely manner;

3 “(xii) have oxygen or oxygen related
4 equipment or supplies delivered by the sup-
5 plier and to be contacted consistent with
6 the requirements of section 410.38 of title
7 42, Code of Federal Regulations;

8 “(xiii) be informed by the supplier of
9 any potential changes to the equipment,
10 supplies, or services of the individual and
11 the right to consult with the prescribing
12 practitioner of the individual regarding
13 such changes to ensure they are appro-
14 priate and necessary and to be informed of
15 the exceptions, as specified by the Sec-
16 retary, when a supplemental oxygen serv-
17 ices supplier may change the oxygen equip-
18 ment of the individual;

19 “(xiv) be informed by the supplier of
20 the internal and external grievance proc-
21 esses of the supplier (as well as how to
22 contact Medicare through a hotline or ben-
23 efiary ombudsman), which shall include
24 the right of an individual to file, personally
25 or through a representative of the individ-

1 ual’s choosing, an internal or external
2 grievance without retaliation or denial of
3 services;

4 “(xv) in the case of a supplier invol-
5 untary discharging an individual—

6 “(I) receive from such supplier a
7 written notice that is provided to the
8 individual no later than 30 days in
9 advance of the involuntary discharge
10 of the individual; and

11 “(II) have such supplier—

12 “(aa) follow established in-
13 voluntary discharge procedures;
14 or

15 “(bb) in the case of an im-
16 mediate threat to the health and
17 safety of others, follow an abbrev-
18 iated involuntary discharge pro-
19 cedure;

20 “(xvi) be assisted by the supplier in
21 obtaining the oxygen equipment and sup-
22 plies prescribed by the treating physician
23 of the individual when the individual is
24 traveling;

1 “(xvii) receive from the supplier oxy-
2 gen supplies, refills, and emergency back-
3 up equipment, as appropriate; and

4 “(xviii) be informed of a plan by the
5 supplier in case of a power outage or other
6 natural emergency, so that the individual
7 will continue to receive the necessary oxy-
8 gen supplies and equipment.”.