



ADVOCACY BRIEF

Medically Stable Patients Are Remaining in Hospitals Because They Cannot Access Adequate Home Oxygen

The Problem

- Patients with serious pulmonary conditions often require high-flow supplemental oxygen at flow rates of 6 liters per minute or more. Portable oxygen concentrators cannot meet this need.
- Liquid oxygen systems, once widely available, provided high flow oxygen in a lightweight, portable format that allowed patients to leave their home and maintain independence.
- After the introduction of Medicare competitive bidding in 2010, reimbursement rates for liquid oxygen were inadequate and suppliers began to drop coverage.
- The number of patients using liquid oxygen dropped 80% from 2010 to 2020.
- Today, reimbursement rates remain too low and liquid oxygen for home use is non-existent in most of the country.
- **The result:** Hospitalized patients who require higher oxygen flow rates, and are medically ready to go home, cannot be discharged, resulting in significant and unnecessary cost to taxpayers and a profound toll on patients and their families.

What the Data Shows

A survey of 54 respiratory clinicians representing 40 medical centers across all U.S. regions documents for the first time the national scope of this problem. Of survey respondents:

- **94%** reported monthly discharge delays due to oxygen access issues.
- **33%** reported 6 or more affected patients per month.
- **88%** reported patients remaining hospitalized 2 or more additional days.
- **6%** reported patients remaining hospitalized an additional 1 to 8 wks.
- **69%** cited insurance approval delays.
- **67%** reported supplier inability to provide high-flow oxygen (liquid oxygen systems) as a key barrier.

Healthcare System Cost

"The appearance of saving money without paying for liquid oxygen is false. Increased Emergency Care visits and hospitalizations are much more expensive." -Survey respondent

Human Cost

"Bringing back liquid oxygen would not only give our patients back some independence and quality of life but would also allow many to return to work and go back to being a productive member of society." -Survey respondent

"Many of the ILD patient population cannot lift all of these tanks and the DME companies limit the amount of tanks that they can have weekly and monthly. Many patients end up staying home in order to save their oxygen tanks for pulmonary rehab and other office visits." -Survey respondent

What Congress Can Do

- **Pass the SOAR Act (S. 1406 / H.R. 2902)** to remove supplemental oxygen from Medicare competitive bidding and restore patient access to the most appropriate oxygen system for their medical needs, including liquid oxygen.
- **Direct CMS to examine the cost implications** of delayed discharge due to inadequate home oxygen access, including the shift from outpatient (Part B) to inpatient (Part A) spending.

Voices from the Research

"This is the first time we have been able to document the impact of inadequate oxygen delivery options on hospital discharge at a national scale, and the results confirm what clinicians have been telling us for years. A lack of high-flow oxygen equipment leads to unnecessary hospital stays, increasing the burden on the patient and the health care system." -Susan Jacobs, RN, MS study co-author

"These patients are medically ready to go home. The barrier is access to the right equipment, and this data makes clear it is not an isolated problem — it is happening at medical centers across the country." -Nicholas Kolaitis, MD, study co-author

About This Research

The survey was developed with input from a supplemental oxygen user, clinicians, and a methodologist, and distributed by the American Lung Association, Pulmonary Hypertension Association, Pulmonary Fibrosis Foundation, COPD Foundation, and Foundation for Sarcoidosis Research. Clinician responses were collected October 14 through November 18, 2025.

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