PETITION REPORT

Protecting Medicare Patient Access to Ostomy and Urological Supplies

What 2,116 patients, caregivers and clinicians are telling Congress and the Administration about Medicare competitive bidding

2,116

Presented by
the ITEM Coalition

Data through
October 12, 2026

Individual names and contact details are withheld from this report but can be found **here.**

EXECUTIVE SUMMARY

The Country is asking Congress to Act!

2,116
unique petition signers, May 14 – Oct 12, 2026

50
states, plus D.C. and Puerto Rico, are all represented

1,702
distinct ZIP codes, signers in communities nationwide

72%
of signers are patients, family members or caregivers

Between May 14 and October 12, 2026, **2,116 unique individuals** signed a national petition opposing the inclusion of ostomy and urological supplies in Medicare's competitive bidding program. The signers are overwhelmingly the people most directly affected: **55% are patients who use these supplies** and another 16% are family members or caregivers. Clinicians who fit, prescribe and teach the use of these products account for 17% of signers as a primary role (20% when counting those who also identify as patients, family members or educators).

Signers live in **all 50 states, D.C. and Puerto Rico** and in more than 1,702 distinct ZIP codes. The five largest state delegations (Florida, California, New Jersey, Illinois and Minnesota) account for only about one-third of signers, which means the concern is spread across a very large number of congressional districts.

The petition continues to attract new signers months after its launch: 1,069 signed in the first month, and **374 more signed in the last 30 days alone**.

> **The core message from signers:** ostomy and urological supplies are intimate, individually fitted medical products. Patients and clinicians want Congress to ensure that no change takes effect until CMS can demonstrate that patients will keep timely access to the full range of products, to supplier choice and to clinician-directed care.

Key findings at a glance

1	**Overwhelmingly patient-driven.** 55% of signers identify as consumers; with family and caregivers, nearly three in four signers live this issue daily.
2	**Nationwide reach.** All 50 states, D.C. and Puerto Rico; 1,702 ZIP codes; no single state exceeds 11% of signers.
3	**Credible clinical voices.** About 256 signers list wound/ostomy nursing certifications and 68 list a physician or doctoral degree.
4	**Durable, growing momentum.** Signatures keep arriving: 374 in the last 30 days, bringing the total to 2,116.

BACKGROUND

Why this petition exists, and why people signed

The policy change

On November 28, 2025, the Centers for Medicare & Medicaid Services (CMS) published the CY 2026 Home Health and DMEPOS Competitive Bidding Program Final Rule. Among other changes, the rule brings ostomy and urological supplies into Medicare's competitive bidding program. CMS is moving forward with implementation through fewer than ten national suppliers, with contracts awarded to the lowest bidders.

The petition was opened so that Medicare would see the breadth of opposition to this change. A group of patient, provider and advocacy organizations has also launched the "High Cost of Low Bids" campaign. It urges Congress and the Administration to delay implementation and to require CMS to show that patients will keep timely access to medically necessary products, supplier choice, product quality and clinician-directed care.

Why advocates say these supplies are different

Advocates point to several reasons these products should not be treated like off-the-shelf commodities:

- **Individually fitted, clinically selected.** Pouching systems, barriers and catheters are chosen after clinical assessment and depend on body contours, stoma type, skin condition and daily life. They are not interchangeable.
- **Risk of harm when the product is wrong.** Poor fit can lead to leaks, skin breakdown, infections and avoidable hospital care, costs that fall on Medicare Part A and on patients.
- **Loss of choice and community providers.** Limiting supply to a handful of national contract suppliers will remove the local suppliers and clinicians patients rely on for fitting, follow-up and troubleshooting.
- **Legislative history and legal classification.** Congress removed these products from competitive bidding in the 2003 Medicare Modernization Act, and ostomy supplies are defined in statute as prosthetic devices (which are supposed to be exempt from competitive bidding) rather than durable medical equipment.
- **Bipartisan congressional concern.** A House sign-on letter led by Rep. Chris Smith (R-NJ) asked CMS to withdraw or significantly modify the rule, and signers include Members from both parties.

Why people signed: in their own words

The petition form asked signers to describe their connection to the issue in an open text field. Three unedited, unattributed examples are reproduced below:

> *"I have a colostomy and I want to pick what products work best for me."*
> Signer, write-in response

> *"Wrong products will lead to skin infections, additional MD visits, potentially need for hospitalization."*
> Signer, write-in response

> *"All ostomy products are NOT the same and it is WRONG to DENY people the care they require!"*
> Signer, write-in response

WHO SIGNED

Patients and the people who care for them lead the way

Signers were asked to describe their affiliation to the issue. Because many selected more than one role (244 signers did), each person is shown once below by their **primary** role, in this order of priority: patient/consumer, clinician, family member or caregiver, supplier or manufacturer, educator or researcher, and finally friend, advocate or concerned citizen.



Figure 1. Primary affiliation of petition signers (n = 2,116). Each signer is counted once.

Roles including overlap

Counting every role a signer reported (so a nurse who is also an ostomy patient appears in both groups), clinicians and family members remain the next largest groups, and 7% of signers (139 people) report an educator or research role, most of them alongside another role.

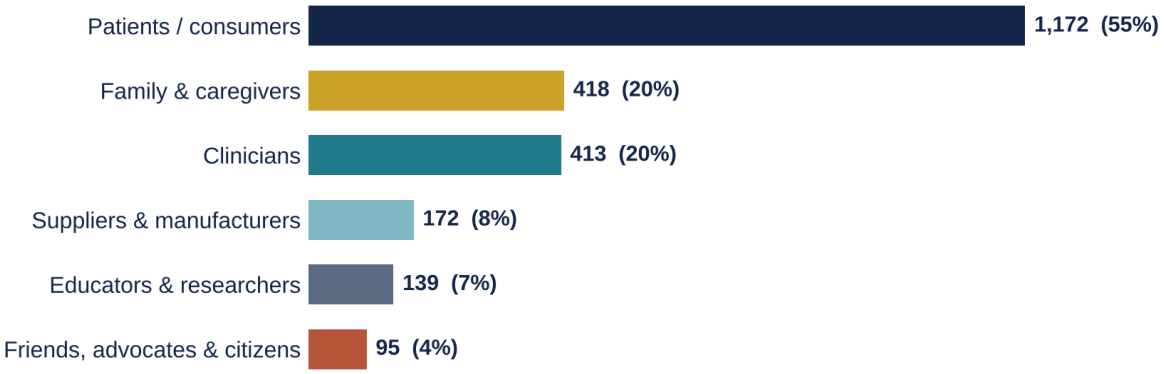

Figure 2. Share of signers reporting each role, including multiple roles (percentages sum to more than 100%).

WHERE SIGNERS LIVE

Support in every corner of the country

Signers come from all 50 states plus the District of Columbia and Puerto Rico. Florida has the most (230), followed by California (200), New Jersey (105), Illinois (103) and Minnesota (88). Together those five states represent 34% of all signers, and every region is well represented: the South accounts for 35% of signers, the Midwest 27%, the Northeast 19% and the West 20%.



Figure 3. Signers by state (n shown in each tile; darker = more signers, log scale). Puerto Rico: 1.

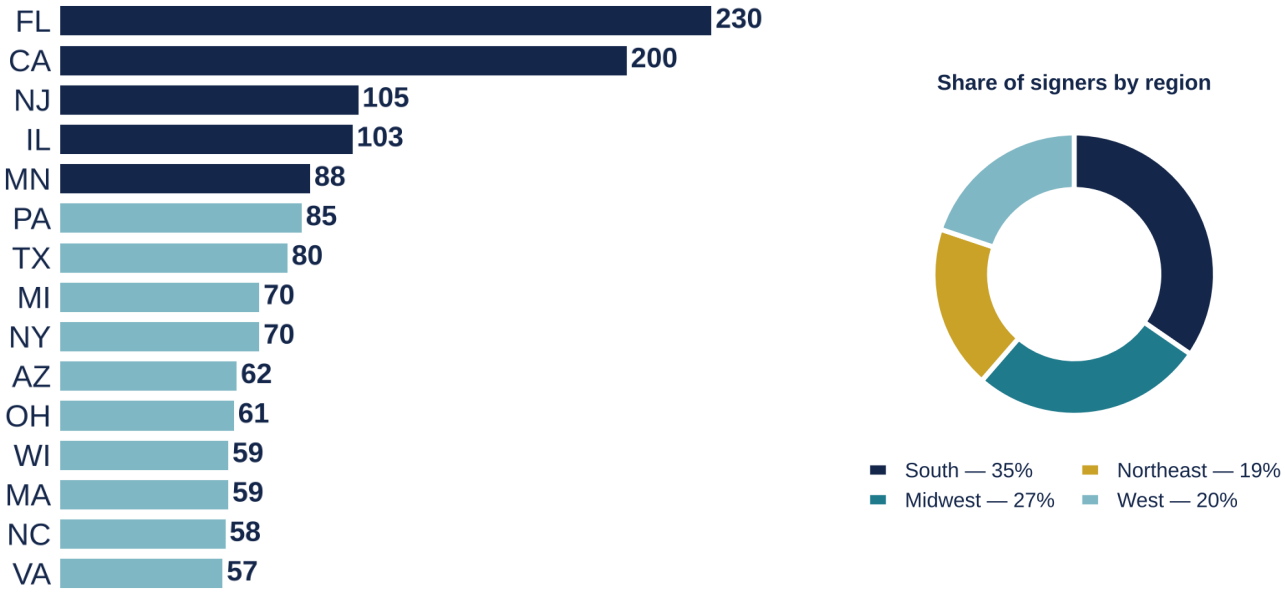

Figure 4. The 15 largest state delegations (left) and share of U.S. signers by Census region (right).

MOMENTUM AND PROFESSIONAL VOICES

Sustained engagement, backed by clinical expertise

The first signatures were recorded on May 14, 2026. Activity was strongest in early June, when a single day (June 4) brought in 350 signers which coincided with a CMS announcement on this issue, and the petition has kept growing in every month since, with **374 new signers in the last 30 days, which also coincides with CMS announcements on its intent to move forward with this program despite widespread opposition**. A petition that continues to draw signers months after launch signals a durable concern rather than a one-time reaction.

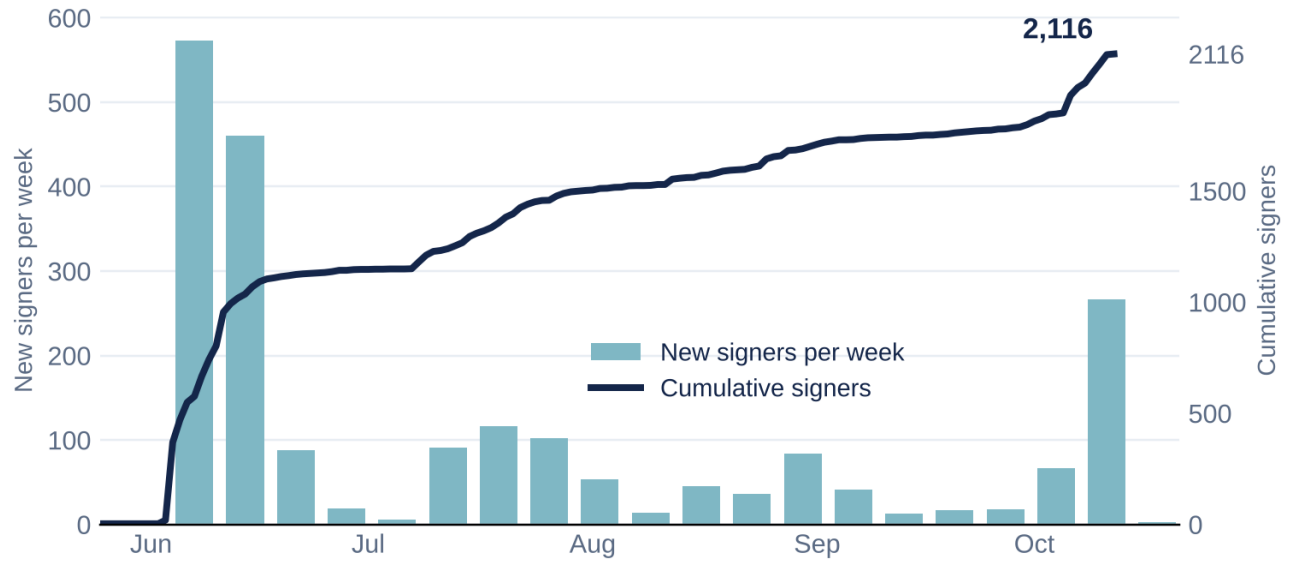

Figure 5. New signers per week (bars) and cumulative total (line), May – October 2026.

Clinical and professional expertise

Signers were also invited to list academic degrees and certifications. 1,167 entered one or more credentials. Among them are hundreds of nurses, including roughly 256 who hold wound, ostomy or continence certifications (CWON, CWOCN and similar), the clinicians who personally fit and follow up on these products. The counts below are approximate because credentials were typed in as free text, and one person can appear in more than one row.

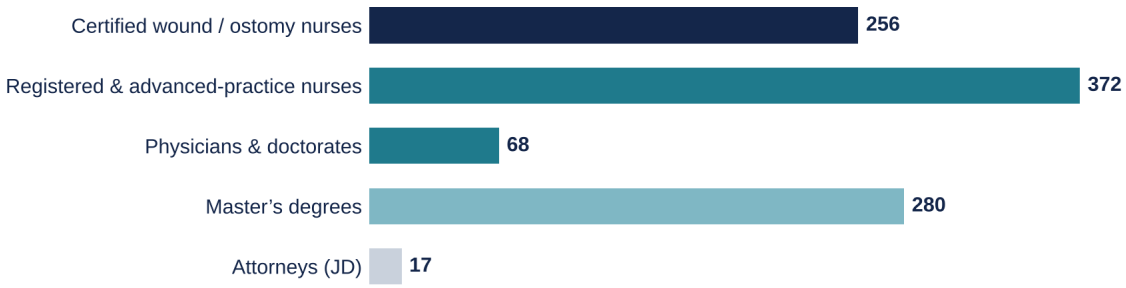

Figure 6. Self-reported credentials among signers (approximate; a signer may appear in several rows).

REQUESTED CONGRESSIONAL ACTION

What signers and partner organizations are asking for

The petition asks that ostomy and urological supplies be kept out of Medicare competitive bidding. The actions below reflect positions advanced by the petition's sponsors and the partner coalitions named in this report. They are offered as a starting point for Members and committee staff, and may be tailored by counsel.

1	**Delay implementation.** Request that CMS delay including ostomy and urological supplies in competitive bidding while the issues below are reviewed.
2	**Require a formal clinical and patient access review.** Direct CMS to demonstrate, before implementation, that patients will retain timely access to the full range of medically necessary products, supplier choice, product quality and clinician-directed care.
3	**Cosponsor H.R. 10787 the Access to Medical Supplies Act**, Members of congress should cosponsor this bill introduced on October 9th by Congressmen Greg Murphy (R-NC) and Brad Schneider (D-IL), which seeks a delay in this program while CMS consults experts in this field to assess the impact of competitive bidding on patient access and healthcare outcomes.
4	**Clarify the statutory authority.** Seek confirmation of how ostomy and urological supplies are classified under the Social Security Act and the effect of the 2003 Medicare Modernization Act exclusion of prosthetic devices.
5	**Hold oversight engagement.** Request briefings or hearings in which patients, ostomy nurses and community suppliers can describe how the policy would affect care.

About the data and methodology

Source. Responses to an online petition form (2,377 raw submissions, May 14 – Oct 12, 2026). **De-duplication.** 261 repeat submissions (same email address, or same name and ZIP code) were removed, leaving 2,116 unique signers. **Geography.** State entries were typed by signers in many spellings and were standardized; 8 entries from outside the U.S. or with unreadable state values are in the total but not in state counts. **Affiliation.** The affiliation field mixed checkbox choices and free text; entries were grouped into six categories by keyword. **Limits.** The petition is an open form with no identity verification, so counts describe expressed support, not a statistical sample of all ostomy and urological patients. Individual names, emails and addresses are intentionally excluded.

Background sources. UOAA advocacy pages and petition text (ostomy.org); the "High Cost of Low Bids" campaign announcement (May 20, 2026, PR Newswire) and trade coverage (HME News); American Association for Homecare and Home Care magazine reporting on the House sign-on letter led by Rep. Chris Smith.

APPENDIX

Signers by state and jurisdiction

Shares are percentages of the 2,108 signers with a U.S. state, D.C. or Puerto Rico address (8 additional signers are outside the U.S. or have an unreadable state entry).

State	Count	Share
Florida	**230**	10.9%
California	**200**	9.5%
New Jersey	**105**	5.0%
Illinois	**103**	4.9%
Minnesota	**88**	4.2%
Pennsylvania	**85**	4.0%
Texas	**80**	3.8%
Michigan	**70**	3.3%
New York	**70**	3.3%
Arizona	**62**	2.9%
Ohio	**61**	2.9%
Massachusetts	**59**	2.8%
Wisconsin	**59**	2.8%
North Carolina	**58**	2.8%
Virginia	**57**	2.7%
Maryland	**56**	2.7%
Louisiana	**48**	2.3%
Indiana	**46**	2.2%

State	Count	Share
Iowa	**42**	2.0%
Missouri	**41**	1.9%
Colorado	**37**	1.8%
Oregon	**35**	1.7%
Tennessee	**33**	1.6%
Washington	**31**	1.5%
South Carolina	**30**	1.4%
Georgia	**29**	1.4%
Kentucky	**29**	1.4%
Connecticut	**27**	1.3%
Kansas	**23**	1.1%
Maine	**22**	1.0%
Arkansas	**19**	0.9%
Nebraska	**18**	0.9%
New Hampshire	**16**	0.8%
Nevada	**13**	0.6%
Delaware	**12**	0.6%
New Mexico	**12**	0.6%

State	Count	Share
Alabama	**11**	0.5%
Oklahoma	**11**	0.5%
Mississippi	**10**	0.5%
West Virginia	**10**	0.5%
South Dakota	**9**	0.4%
Utah	**9**	0.4%
Idaho	**8**	0.4%
Dist. of Columbia	**6**	0.3%
Rhode Island	**6**	0.3%
Vermont	**6**	0.3%
North Dakota	**4**	0.2%
Alaska	**3**	0.1%
Hawaii	**3**	0.1%
Montana	**3**	0.1%
Wyoming	**2**	<0.1%
Puerto Rico	**1**	<0.1%