

Potential Consequences on Patient Access OSTOMY & UROLOGICAL SUPPLIES

FROM MEDICARE COMPETITIVE BIDDING

WHAT CHANGED

CMS has finalized a policy framework that allows ostomy, tracheostomy, and urological supplies to be treated as competitive-bidding “items” under the DMEPOS program. The next round is expected to begin January 1, 2028, following bidding and contract awards.

THE CORE CONCERN

Price-based contracting can narrow suppliers and product choice for devices that must be individually selected, fitted, and adjusted.

THESE ARE NOT INTERCHANGEABLE COMMODITIES

Ostomy pouching systems and intermittent catheters function as individualized prosthetic devices. Clinical success often depends on access to specific features, product combinations, and brands selected for the person’s anatomy, condition, abilities, and lifestyle.



OSTOMY FIT IS INDIVIDUALIZED

Stoma profile, output, abdominal contours, hernias, skin sensitivity, dexterity, vision, activity, cognition, and lifestyle all affect product selection.

Multiple products from different manufacturers may be needed to achieve a secure seal.



CATHETER CHOICE IS CLINICAL

Tip shape, firmness, coating, lubrication, protective sleeves, collection bags, packaging, hand function, mobility, infection risk, and anatomy determine which catheter is safe and usable.

A “one-size-fits-all” approach can turn a stable care routine into leakage, skin injury, urinary trauma, infection, loss of independence, and avoidable healthcare use.

POTENTIAL CONSEQUENCES FOR ACCESS



FEWER SUPPLIERS

Beneficiaries may be required to obtain covered products from a small network of contract suppliers, reducing local access and continuity.



DELAYS AND DISRUPTIONS

Supplier transitions, inventory limits, shipping delays, and prior substitutions may interrupt access to essential daily-use supplies.



NARROWER PRODUCT SELECTION

Winning suppliers may stock only a limited range of lower-cost items within broad billing codes, even when products are not clinically equivalent.



LOSS OF CLINICAL FLEXIBILITY

Clinicians may be unable to select products across manufacturers or quickly change brands when anatomy, skin condition, mobility, or disease changes.



FORCED PRODUCT SWITCHING

Stable patients may be moved away from established products and routines that already prevent leakage, skin injury, infection, and trauma.



REDUCED SUPPORT SERVICES

Price pressure may weaken education, fitting, troubleshooting, samples, brand-agnostic support, and responsive customer service.

POTENTIAL OSTOMY CONSEQUENCES

The wrong pouching system fit can cause leakage and repeated exposure of peristomal skin to stool or urine. Access to alternative brands and specialized features is often necessary to restore a predictable seal.



LEAKAGE & LOSS OF WEAR TIME

Poor fit can reduce predictable wear time and force frequent pouch changes.



PERISTOMAL SKIN COMPLICATIONS

Irritant or allergic contact dermatitis, pressure injury, and medical adhesive-related skin injury may worsen.



RESTRICTED RESPONSE TO BODY CHANGES

Weight changes, edema, pregnancy, scars, folds, and parastomal hernias often require refitting or a different system.



REDUCED INDEPENDENCE

People with limited dexterity or vision may lose access to systems designed for self-care.



SOCIAL ISOLATION & LOWER QUALITY OF LIFE

Fear of leakage, odor, sleep disruption, and inability to leave home can increase.



MORE EMERGENCY AND HOSPITAL CARE

Ill-fitting systems can contribute to complications, physician visits, ED use, and readmissions.

POTENTIAL UROLOGICAL CONSEQUENCES

Intermittent catheterization is repeated throughout the day and often for life. Small differences in catheter design can determine whether a person can catheterize safely, completely, hygienically, and independently.



TRAUMA & DIFFICULT INSERTION

Loss of coude, flexible-tip, firmness, or coating options may increase repeated insertion attempts, friction, discomfort, and urethral injury.



INFECTION RISK

Reduced access to hydrophilic, pre-lubricated, touchless, or closed systems may undermine hygiene and increase UTI or urosepsis risk for vulnerable patients.



INCOMPLETE BLADDER EMPTYING

A catheter that does not match anatomy or bladder-management needs can increase residual urine and related complications.



LOSS OF INDEPENDENCE

Patients with limited hand function, mobility, vision, tremor, or cognitive challenges may be unable to use a substituted product safely.



LOWER ADHERENCE

Bulky, difficult-to-open, or non-ready-to-use products may reduce catheterization outside the home, at work, school, or during travel.



CAREGIVER BURDEN

When patients lose self-care capability, families and caregivers may need to provide more assistance and supervision.

POTENTIAL SYSTEM-WIDE EFFECTS



HIGHER TOTAL COST OF CARE

Savings on unit price may be offset by complications, ED visits, readmissions, longer stays, and chronic care costs.



INNOVATION SLOWS

Lower bid prices may discourage investment in new products designed to reduce leakage, trauma, infection, and usability barriers.



COMPLEX PATIENTS ARE HIT HARDEST

People with spinal cord injury, spina bifida, MS, Parkinson's disease, diabetes, cancer, hernias, skin sensitivities, or limited dexterity face disproportionate risk.

WOCN POSITION



WOCN®

Wound, Ostomy, and
Continence Nurses Society®

Ostomy pouching systems, accessories, and urological supplies should remain accessible based on individualized clinical need - not limited by a lowest-price, one-size-fits-all procurement model.

PROTECT PATIENT ACCESS



For additional information and resources, scan the QR code or visit: wocn.org/competitive-bidding



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