SUNA POSITION PAPER

Advancing Equitable and Enduring Access to Urologic Services, Products, and Innovation: Principles for Policy and Practice

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PURPOSE

This position statement articulates the Society of Urologic Nurses and Associates (SUNA) stance on federal reimbursement and coverage policy as it applies to urological supplies. It uses intermittent urinary catheters as the clearest and most fully documented example of the potential consequences of applying price-driven reimbursement policies to clinically distinct, individually prescribed products. Although the available evidence is concentrated primarily on intermittent urinary catheters, there is concern that similar economic and access risks may extend to other urological supplies.

SCOPE

This statement addresses Medicare, Medicaid, and private insurance coverage and reimbursement policies affecting urological supplies classified as Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) or prosthetic devices, including intermittent urinary catheters, drainage systems, and associated accessories. The clinical evidence discussed here pertains primarily to intermittent urinary catheters; however, concerns involving product availability, supplier instability, substitution, and access may also affect other urological products and accessories.

BACKGROUND

Intermittent urinary catheterization provides one of the most well-studied and clinically consequential examples of broader challenges involving access to urological supplies. For individuals who require intermittent catheterization, specific catheter features may be clinically indicated or preferred based on anatomy, functional needs, comfort, complication risk, and prior experience. Patients who rely on these product-specific features may be particularly vulnerable to policies that reduce access or restrict product choice.

The scale of need in the Medicare population reflects this diversity in causes. In fiscal year 2020 (the most recent year for which OIG claims data are publicly available), more than 122,700 Medicare beneficiaries used intermittent urinary catheters. Of these, 72 percent did not have a spinal cord injury or neurological condition, meaning the majority of catheter users are managing urinary retention from structural, age-related, or other causes. Among the remaining 28 percent, nearly 21,000 had a spinal cord injury and 17,600 had a neurological diagnosis, with 4,200 having both. Veterans and active-duty service members are represented across these populations, including but not limited to those with traumatic spinal cord injury. Catheter type varied meaningfully by population: curved tip catheters were used almost exclusively by male beneficiaries, most commonly those with enlarged prostate, while sterile catheter kit were concentrated among the highest-acuity users, with 61 percent of sterile kit users having a spinal cord injury or neurological condition. In total, Medicare and its beneficiaries paid $407 million for more than 114 million catheter units that year across these three clinically distinct categories.

Urinary catheters are covered under Medicare Part B as prosthetic devices because they replace the function of a body part that can no longer perform its normal role. This designation reflects that these products must be individually prescribed, clinically assessed, and professionally managed. Catheter selection is determined by patient anatomy, medical history, and functional need. Features including hydrophilic coatings, protective sleeves, and gripping aids are not elective upgrades; for many patients they are clinical requirements that directly influence infection risk and sustainable daily use.

CLINICAL RATIONALE

When patients cannot obtain the catheter selected for their anatomy, medical history, and functional needs, they may face increased risks of urinary tract infection, urethral microtrauma, and urethral stricture. Catheter comfort and ease of use may also affect adherence to a prescribed intermittent-catheterization schedule. Inadequate or inconsistent bladder drainage can contribute to urinary retention, hydronephrosis, chronic kidney disease, or kidney failure. These complications may require additional medical treatment and generate costs that offset or exceed short-term savings from price-driven product substitution. Although catheter-related evidence is the most developed, similar access and economic risks may affect other individually prescribed urological supplies and may not become apparent until after implementation.

Nurses with expertise in catheter care, including but not limited to certified urologic nurses (CURNs), play a central role in preventing these outcomes. Physicians and advanced practice providers prescribe appropriate catheter types, while nurses with expertise in catheter care assess patient needs, support product selection, and provide education on catheterization technique and infection prevention. When clinical oversight is constrained by restrictive supplier programs, patients may face avoidable clinical harm and additional out-of-pocket costs.

POLICY CONCERN

In late 2025, the Centers for Medicare and Medicaid Services finalized the CY 2026 Home Health and DMEPOS Competitive Bidding Program rule, mandating that urological supplies be included in competitive bidding effective January 1, 2028. Under this model, Medicare contracts with a limited number of suppliers selected primarily on the basis of price, and beneficiaries may only use contracted suppliers for covered items.

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SUNA is concerned that competitive bidding may be incompatible with the individualized, clinically guided nature of urological supply management. Prior federal demonstration data raised concerns about applying competitive bidding to urological supplies, including limited savings, declining bidder participation, low allowed charges, and strong patient preference for specific products. Restricting the supplier pool may narrow product selection, destabilize supply channels, and create barriers to the products individual patients require.

SUNA'S POSITION

SUNA holds that:

- Urinary catheters and urological supplies are prosthetic devices that restore lost urinary function and must be covered and reimbursed in a manner consistent with that designation, including the individualized clinical oversight it requires.
- Physicians, advanced practice providers, nurses, and other healthcare professionals with expertise in urologic and catheter care are essential to safe device selection, patient education, and ongoing management, and their roles must be protected in any coverage or procurement framework.
- Catheter supplies are not interchangeable commodities. Catheter type, tip design, and device features are clinically determined and patient-specific; substitution based on price rather than clinical need may create direct patient harm.
- Evidence from prior demonstrations and broader DMEPOS competitive-bidding research raises serious concerns that applying this model to urological supplies may narrow product selection, reduce supplier participation, and limit access for vulnerable beneficiaries. Research has identified clinically meaningful differences among certain catheter types, including hydrophilic-coated and uncoated catheters. Although the evidence base is less developed for other urological supplies, limited research should not be interpreted as evidence that comparable access risks or potential harms are absent.
- Coverage and coding frameworks must keep pace with urological device innovation to sustain investment in technologies that reduce infection rates and improve patient outcomes.
- Medicare, Medicaid, and private insurers must cover the full range of available urological supplies at reimbursement levels that sustain a viable supplier market and do not impose unreasonable financial burdens on patients.

RECOMMENDATIONS

SUNA calls on Congress and the Administration to:

- Commission an independent clinical review of how competitive bidding affects patient access to individually prescribed urological devices, with particular attention to vulnerable populations including veterans, individuals with spinal cord injuries, and pediatric patients;
- Strengthen the existing beneficiary safeguard that allows access to specific brands when medically necessary, and ensure it is consistently enforced by contracted suppliers and communicated clearly to beneficiaries and prescribers;
- Invest in expanded coverage of care services delivered by members of the healthcare team with expertise in urologic and catheter care across urology clinics, rehabilitation settings, and other practice environments, ensuring that patients have access to appropriate expertise during device prescribing, selection, fitting, education, and ongoing management;
- Establish a transparent, timely coding and coverage pathway for new urological device technologies that reflects the clinical value of innovation rather than defaulting to the lowest historical reimbursement rate;
- Ensure continuity of supply and timely access by protecting reliable distribution channels and preventing disruptions that place patients at risk of complications such as infection, urinary retention, and avoidable emergency care utilization;
- Promote policies that prioritize clinical outcomes over short-term cost containment, recognizing that inadequate access to appropriate urological supplies leads to preventable complications and increased long-term healthcare costs; and
- Encourage the integration of emerging technologies and digital health solutions that support urologic care, including innovations in monitoring, education, and device design that enhance patient safety and independence.

NOTE ON PROVENANCE

This document was developed by the Society of Urologic Nurses and Associates (SUNA), with primary drafting by Nicole Zhang, PhD, RN, FAUNA (President- Elect).

This position statement was developed following an invitation from the Wound, Ostomy, and Continence Nurses Society™ (WOCN®), raised during discussions of potential collaboration, for SUNA to consider how the principles presented in *Guiding Principles for Sustainable Access to Ostomy Services, Products, Technologies, and Innovation* could be extended to urological supplies. SUNA extrapolated and adapted those principles to address the distinct clinical, regulatory, access, and market considerations affecting urological supplies and urologic nursing practice. The clinical analysis, policy positions, and recommendations contained in this statement were independently developed by SUNA for the urologic context.

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Endorsed by:

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