



July 31, 2018

The Honorable Paul Ryan
Speaker
U.S. House of Representatives
H-232 U.S. Capitol
Washington, DC 20515

The Honorable Mitch McConnell
Majority Leader
United States Senate
Room S-230, The Capitol
Washington, DC 20510

The Honorable Nancy Pelosi
Minority Leader
U.S. House of Representatives
H-204 U.S. Capitol
Washington, DC 20515

The Honorable Chuck Schumer
Minority Leader
United States Senate
Room S-221, The Capitol
Washington, DC 20510

Dear Speaker Ryan, Leader Pelosi, Leader McConnell, and Leader Schumer:

On behalf of the Alliance of Wound Care Stakeholders (“Alliance”), I am submitting this letter to encourage you to advance the Lymphedema Treatment Act (S. 498, H.R. 930) which is currently before Congress and is sponsored by more than 470 members of Congress. This important legislation would provide Medicare coverage to patients suffering from lymphedema. We hope that you will take the opportunity to advance this legislation through both chambers and send to the President prior to the conclusion of the 115th Congress.

The Alliance is a nonprofit multidisciplinary trade association of physician specialty societies, clinical and patient associations whose mission is to promote evidence-based quality care and access to products and services for people with chronic wounds (diabetic foot ulcers, venous stasis ulcers, pressure ulcers and arterial ulcers) through effective advocacy and educational outreach in the regulatory, legislative, and public arenas. This letter were written with their advice and guidance since many of them treat patients with lymphedema. A list of our members can be found on our website: <http://www.woundcarestakeholders.org/about/members>.

Lymphedema is a chronic disease of the lymphatic system that results in disfiguring swelling in one or more parts of the body. This chronic swelling condition results in a disease process that is non-repairable. It can be hereditary (Primary Lymphedema) or it can occur after a surgical procedure, infection, radiation or other physical trauma. Lymphedema can become a problem after surgery or radiation treatment for nearly any type of cancer. In breast cancer, for example, it can appear in the arm on the same side as the cancer after the lymph nodes are removed during cancer surgery.

Lymphedema can also be caused by venous disease. Venous leg ulcers (VLUs) affect about 1-3% of the American population and are the most common of all lower extremity ulcerations. Medicare spending for beneficiaries with venous ulcers and venous infections in 2014 was conservatively 786 million dollars.¹ The primary risk factors for venous ulcer development are

older age, diabetes, obesity, previous leg injuries, deep venous thrombosis, and phlebitis. Venous ulcers are usually recurrent, and an open ulcer can persist for weeks to many years. Venous ulcers, or stasis ulcers, account for 80 percent of lower extremity ulcerations. Lymphedema can develop secondarily following ulcer or wound formation, but it can also be a contributing or precipitating factor to chronic ulcerative disease

The associated lymphedema can be controlled through the use of compression therapy, which includes compression bandages and/or garments, and at times adjunctive pneumatic compression devices; as can other conditions, such as VLUs. Compression bandages/garments are considered the gold standard for treatment of lymphedema and for the prevention of VLUs.²⁻⁴ The medical literature supports appropriate compression as a means to reduce the incidence of costly recurrence of both of these afflictions.^{2,5-9}

Approximately 1.4-3 million Medicare beneficiaries suffer from lymphedema, in addition to the estimated 500,000 beneficiaries suffering from VLUs. Unfortunately, the Centers for Medicare and Medicaid Services' (CMS) does not cover compression bandages or garments, the gold standard, either for the treatment of lymphedema or for the prevention of VLUs. This is simply due to the fact that the compression bandages/garments fail to satisfy the statutory definition of Durable Medical Equipment (DME). Fortunately, the Lymphedema Treatment Act, introduced by Representatives Dave Reichert and Earl Blumenauer in the House, and Senators Maria Cantwell and Chuck Grassley in the Senate would correct this glaring oversight.

We urge Congress to consider the direct and indirect costs associated with the current suboptimal treatment of the millions of Medicare beneficiaries suffering from lymphedema and VLUs annually. Lack of access to the clinically recognized treatments necessary to best care for these conditions leads to higher costs and poorer health outcomes, including recurrent infections, progressive degradation in condition, and, too often, disability. The Alliance strongly recommends that Congress grant CMS the statutory authority to cover compression bandages and garments under the Medicare benefit. This change would be in alignment with resolution 126 that the American Medical Association's passed in 2017 requesting that CMS cover and reimburse for gradient compression stockings as prescribed by a physician under the durable medical equipment portion of coverage, including for cases of preventative use and for patients without a present venous stasis ulcer. Again, such change would have a substantial impact via improved outcomes and quality of life, reduced costs for beneficiaries and the health care system, and decreased federal spending.

Thank you for considering this important request. The Lymphedema Treatment Act enjoys overwhelming support from more than half of the members of Congress. As such, we ask that you make passage of this important legislation a priority before the end of the 115th Congress.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Marcia Nusgart R.Ph.

Marcia Nusgart, R.Ph
Executive Director

Cc:

Rep. Dave Reichert
Rep. Earl Blumenauer
Senators Maria Cantwell
Senator Chuck Grassley

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