

August 18, 2021

The Honorable Janice Schakowsky  
United States House of Representatives  
2367 Rayburn House Office Building  
Washington, DC 20515

The Honorable Buddy Carter  
United States House of Representatives  
2432 Rayburn House Office Building  
Washington, DC 20515

Dear Representatives Schakowsky and Carter,

On behalf of the Alliance of Wound Care Stakeholders (“Alliance”) and our co-chairs Dr. Caroline E. Fife and Dr. Matthew G. Garoufalis, we would like to express our strong support for H.R. 3630, the Lymphedema Treatment Act. This important legislation would provide comprehensive Medicare coverage for the treatment of patients with lymphedema or for the prevention of venous stasis ulcers resulting from venous insufficiency. Our members treat patients with these diseases so this issue is very important to us.

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) and lymphedema through effective advocacy and educational outreach in the regulatory, legislative, and public arenas. This letter was written with their advice and guidance since as stated above many of them treat patients with lymphedema and venous disease. 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 insufficiency. Venous leg ulcers (VLUs) affect about 1-3% of the American population and are the most common of all lower extremity ulcerations. Venous leg ulcers have been estimated to affect 500,000 to 600,000 people in the United States costing 1.5 to 3 billion dollars annually (Ma, Henry, O’Donnell Jr, Thomas Francis Jr, Rosen, Noah Andres, Iafrazi, Mark David, “The real cost of treating venous ulcers in a contemporary vascular practice.” *Journal of Vascular Surgery*, Vol 2. No. 4. 2014 355-361)

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 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. While the Centers for Medicare and Medicaid Services' (CMS) and its contractors do cover some products and devices to treat lymphedema, there is not comprehensive coverage for the treatment of lymphedema or for the prevention of venous stasis ulcers which is so necessary.

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 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 your efforts on behalf of patients with wounds and lymphedema and the providers who treat them. The Alliance strongly supports the Lymphedema Treatment Act and hopes that with the bipartisan support that this legislation enjoys that it will move swiftly through both chambers.

Sincerely,



Caroline E. Fife, MD, CWS, FUHM  
CWS



Matthew G. Garoufalis, DPM, FASPS, FACFAOM,

Alliance of Wound Care Stakeholders Co-chairs



Marcia Nusgart, R.Ph  
Executive Director