

May 15, 2019

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 Reps. Schakowsky & Carter,

On behalf of the Wound, Ostomy and Continence Nurses Society, I thank you for your introduction of H.R. 1948 -- The Lymphedema Treatment Act. As primary health care providers for the majority of patients with venous leg ulcers, we believe H.R. 1948 is a vital piece of legislation that Congress should quickly pass. Founded in 1968, the Wound, Ostomy and Continence Nurses Society (WOCN) is a professional, international nursing society of more than 5,000 healthcare professionals who are experts in the care of patients with wound, ostomy and/or incontinence needs.

As you are aware, Lymphedema is a condition resulting in swelling in the arms and legs caused by a disruption in the lymphatic system. As your legislation speaks to, lymphedema can be controlled by the use of compression therapy; however there are other conditions, such as venous leg ulcers (VLU), which can also be treated with the use of compression therapy. In fact, compression therapy is considered the gold standard for treatment of lymphedema and for the prevention of VLUs. The medical literature supports appropriate compression as a means to reduce the incidence of costly recurrence of both of these afflictions.

Venous Leg Ulcers (VLUs) affect about 1-3% of the American population and are the most common of all lower extremity ulcerations. The primary risk factors for venous ulcer development are older age, 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.



Historic Past.
LIMITLESS FUTURE

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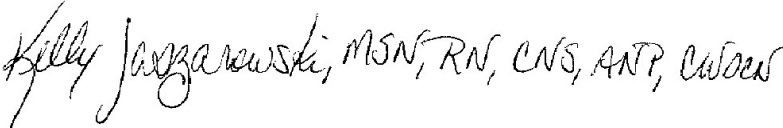
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May 15, 2019
Page 2

Unfortunately, the Centers for Medicare and Medicaid Services (CMS) will not cover compression therapy, either for the treatment of Lymphedema or for the prevention of VLUs, despite the large scope of the problem. Congress should consider the direct and indirect costs associated with the current suboptimal treatment of the 1.4-3 million Medicare beneficiaries estimated to suffer from lymphedema, and the approximately 500,000 additional patients suffering from VLUs. Lack of access to the gold standard need to treat these conditions results in many beneficiaries suffering from recurrent infections, progressive degradation in their condition and, too often, disability. If H.R. 1948 is passed, and CMS is granted the statutory authority to cover compression therapy, the federal government can reduce costs associated with these diseases by decreasing the incidence of complications and disabilities.

WOCN strongly endorses H.R. 1948 and thanks you for bringing this issue the attention it deserves. If we can be of assistance to you in any way, please contact Chris Rorick of the Society's staff at chris.rorick@bryancave.com. Thank you again for taking up this important cause.

Sincerely,



Kelly Jaszarowski, MSN, RN, CNS, ANP, CWOCN WOCN
Society President